

JAN 24 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Research Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 day
In this community 0 1/2 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 4340 1/2 Wernall
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Melvin Dickie Courtade

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Boy 0 5. Color or race W. 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased December 3, 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 23 hr. 50 min.

9. Birthplace Kansas City, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Newborn

MOTHER FATHER

12. Name Melvin William Courtade
13. Birthplace Preses, Texas
(City, town, or county) (State or foreign country)
14. Maiden name Thelma Garner
15. Birthplace Salem, Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Melvin Courtade
(b) Address 4340 1/2 Wernall Rd.

17. (a) Cremation (b) Date thereof Dec. 4, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Research Hospital

18. (a) Signature of funeral director _____
(b) Address _____

19. (a) 12/5/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 4
year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 12/2/41
12/4, 1941, to _____ 19____;
that I last saw him alive on 12/2/41 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure

Due to Pneumonia

Due to _____ 159

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Under the cause which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Years of injury _____

23. Signature D. S. Pitt (M. D. or other) MD
Address North Main St. Date signed 12/1/41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.