No. 2
4-13-4

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40859

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4564

LED JAN 24 1942

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: 5238 Garfield Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ---
In this community 61 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 5238 Garfield Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? --- years.

3. (a) PRINT FULL NAME Mr. Charles Belden Northrop
3. (b) If veteran, name war None
3. (c) Social Security No. None
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Dora Nichols Northrop
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased June (Month) 25 (Day) 1857 (Year)

8. AGE: Years 84 Months 5 Days 14 If less than one day hr. min.

9. Birthplace Cleveland (City, town, or county) Ohio (State or foreign country)
10. Usual occupation Merchant
11. Industry or business Hardware
MOTHER FATHER
12. Name Albert Northrop
13. Birthplace New York (City, town, or county) (State or foreign country)
14. Maiden name Caroline Belden
15. Birthplace Unknown (City, town, or county) (State or foreign country)
16. (a) Informant Florence D. Crosby
(b) Address 5238 Garfield
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 11, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery
18. (a) Signature of funeral director O. N. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) Dec 9 1941 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th year 1941 hour 8 minute 30 A.M.
21. I hereby certify that I attended the deceased from Dec. 3rd, 1941, to Dec 9th, 1941, that I last saw him alive on Dec 8th, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Cor. Thrombosis Senility — Duration
Due to
Due to
Other conditions Fracture of Neck of Femur — 10 days
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause to 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? (Specify type of place)
While at work (e) Means of injury

23. Signature Jarrell D. Smith (M. D. or other)
Address 3 Professional Bldg. K.C. Mo. Date signed 12/9/41

(Licensed Embalmer's Statement on Reverse Side)

Original Filed

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 W. Lewis Simpson

Licensed Embalmer No. 3965

P. O. Address Kansas City, Mo

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

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40858

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 4564

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 6 yrs. 1 (Specify whether years, months or days)
In this community:

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 04
(c) City or town:
(If outside city or town limits, write "RURAL")
(d) Street No.:
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Charles B. Northup
3. (b) If veteran, name war:
3. (c) Social Security No.:

4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: W
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: June 25, 185 (Month) (Day) (Year)
8. AGE: Years 84 Months 5 Days 18 If less than one day hr. min.

9. Birthplace: (City, town, or county) (State or foreign country)
10. Usual occupation:
11. Industry or business:
MOTHER FATHER
12. Name:
13. Birthplace: (City, town, or county) (State or foreign country)
14. Maiden name:
15. Birthplace: (City, town, or county) (State or foreign country)
16. (a) Informant:
(b) Address:
17. (a) (Burial, cremation, or removal) (b) Date thereof: (Month) (Day) (Year)
(c) Place: burial or cremation:
18. (a) Signature of funeral director:
(b) Address:
19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Dec. day: year: 1941 hour: minute: M.
21. I hereby certify that I attended the deceased from: 19 to 19; that I last saw him alive on: 19; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Thrombosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations: 186a
Of autopsy: 14

PHYSICIAN: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify): accident
(b) Date of occurrence: 12/31/41
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo. (State)
(d) Did injury occur in or about home or farm, in industrial place, in public place? Well at Home (Specify type of place)
While at work? (e) Means of injury:
23. Signature: James D. Smith (M. D. or other)
Address: 318 Professional Bldg. Date signed: 1/19/42
K.C. Mo.

SUPPLEMENTARY