

No. 2
-1441
-1736
X-100

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40870**
4546
Registrar's No. _____

JAN 24 1942

Registration District No. **399**

Primary Registration District No. **1002**

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: **General Hospital # 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. **few minutes**
(Specify whether years, months or days) **14 years 0**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City** **04**
(If outside city or town limits, write "RURAL")
(d) Street No. **1101 Vine**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **BETTY SHORTE**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **none**

4. Sex **3 Female** 5. Color or race **negro** 6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ed Shorte** 6. (c) Age of husband or wife if alive **55** years
7. Birth date of deceased **August 13 1891**
(Month) (Day) (Year)

8. AGE: Years **50** Months **3** Days **200** If less than one day hr. min.

9. Birthplace **Tyler Texas**
(City, town, or county) (State or foreign country)

10. Usual occupation **Domestic**

11. Industry or business _____

MOTHER FATHER { 12. Name **unknown**
13. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)
14. Maiden name **unknown**
15. Birthplace **unknown** **9**
(City, town, or county) (State or foreign country)

16. (a) Informant **Ed Shorte**
(b) Address **1101 Vine**

17. (a) **Burial** (b) Date thereof **12-9-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland**

18. (a) Signature of funeral director **E. Sterling Bell**

(b) Address **1212 Vine St**

19. (a) **Dec 8, 1941** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **3** 19**41**
year hour minute **2:40 P.M.**

21. I hereby certify that I attended the deceased from **2:40 P.M.**
that I saw him alive on _____, 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____

Hypertensive heart disease

Due to **930**

Other conditions (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? _____

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

23. Signature **K.P. Mo** (M. D. or other) **3**
Address _____ Date signed _____

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

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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 ~~me~~

....., Registered Apprentice No.

working under my personal supervision:

Signed *E. Sterling Bells*

Licensed Embalmer No. *3178*

P. O. Address *1212 Pine St*

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, fact should be so stated above.