No. 2
4-13-40
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 11 1942

Registration District No. 399

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1131
Registrar's No. 344

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: 4248 Greenwood Place, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: x (Specify whether years, months or days)
In this community: Unknown,

2. USUAL RESIDENCE OF DECEASED: 48
(a) State: Missouri, (b) County: Jackson, 3
(c) City or town: Kansas City, 8
(If outside city or town limits, write "RURAL")
(d) Street No.: 4248 Greenwood Place,
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 49 years, 0 years.

3. (a) PRINT FULL NAME: Mrs. Elizabeth Challinor,
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: Female /
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed,
6. (b) Name of husband or wife: J. E. Challinor,
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: August (Month) 10 (Day) 1856 (Year)

8. AGE: Years	Months	Days	If less than one day
85	5	13	hr. min.

9. Birthplace: England, (City, town, or county) 4 (State or foreign country)
10. Usual occupation: at home,
11. Industry or business: x

FATHER
12. Name: Joseph Cooper,
13. Birthplace: England, 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Unknown,
15. Birthplace: England, 4 (City, town, or county) (State or foreign country)

16. (a) Informant: J. E. Challinor,
(b) Address: 11 East 69th Street Ter., K.C., Mo.
17. (a) Burial, (Burial, cremation, or removal) (b) Date thereof: 1-26-42 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 1-26-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23 year 1942 hour 10:30 minute P. M.
21. I hereby certify that I attended the deceased from 1930, 19__, to Jan 23, 1942, that I last saw h-r alive on Jan 23, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death: Ventricular fibrillation
Due to: Coronary occlusion
Due to: Arteriosclerosis
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations:
Of autopsy:

Duration

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: [illegible] (M. D. or other)
Address: 974 Cypress Ter. KC Mo Date signed 1-26-42

(Licensed Embalmer's Statement on Reverse Side)

Dr. Geo. Knappenberger,
Argyle Bld.

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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

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