

S. No. 2  
I-1.4-41  
7. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED FEB 11 1942  
Registration District No. 399

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

1275  
State File No. \_\_\_\_\_  
Registrar's No. 202

Primary Registration District No. 1002

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:  
Vineyard Park Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 Days  
(Specify whether  
In this community 12 Years  
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. 3202 East 6th Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mrs. Eva Husted  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Mr. Willis A. Husted  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased February 24 1875  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
66 10 21 hr. min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph McLain  
13. Birthplace Kentucky  
(City, town, or county) (State or foreign country)  
14. Maiden name Sophia Addison  
15. Birthplace Trenton Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. N. H. Branham  
(b) Address 3202 E. 6th St.

17. (a) Burial (b) Date thereof Jan. 17, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons  
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-17-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 15th  
year 1942 hour 4 minute 15 P.A.M.  
21. I hereby certify that I attended the deceased from  
Jan. 10, 1942 to Jan 15, 1942  
that I last saw him alive on Jan 15, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Decomposition of Cornea in Eye  
Angina Pectoris  
Due to Atherosclerosis  
Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) None  
Major findings: Of operations None  
Of autopsy None  
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) (e) Means of injury \_\_\_\_\_  
23. Signature J. E. Sheldon (M. D. certifier)  
Address 2200 E. 6th St. K.C. Date signed 1-16-42

603  
Permore Betty  
12-3-00  
5-6 Kings

**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 *H. C. Newcome Jr*  
Licensed Embalmer No. 40430  
P. O. Address *H. C. Newcome*

**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.**