

S. No. 2
M-9-4-41
v. 5-17-39
X2948A

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

1319

State File No. _____

FILED FEB 11 1942

Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 86

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:
919 LYDIA
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 919 LYDIA 8
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRED J E LEMOND

3. (b) If veteran, name war VETERAN

3. (c) Social Security DO NOT KNOW

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced DO NOT KNOW

6. (b) Name of husband or wife DO NOT KNOW

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased DO NOT KNOW
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

50 _____

hr. _____ min.

9. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

10. Usual occupation DO NOT KNOW

11. Industry or business _____

MOTHER FATHER {

12. Name DO NOT KNOW

13. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name DO NOT KNOW

15. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant CORONER OFFICE

(b) Address KANSAS CITY MO

17. (a) BURIAL (b) Date thereof JAN 9 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation WADSWORTH KANSAS

18. (a) Signature of funeral director PASSANTINO BROS.

(b) Address K. C. MO

19. (a) 1-8-42 (b) Dr. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 6
year 1942 hour 5 minute A.

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____ 93B

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Major findings: _____
Of operations _____

Of autopsy Aspiration

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 Dr. M. Brown 3 (M.D. or other) 1/7/42
Address K.C. MO Date signed _____

FEB 13 1942

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 Park E. Rowe

Licensed Embalmer No. 2347

P. O. Address 11 S. 220

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.