

No. 2
13-40
17-39
K23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

#1574 2-24-42 pgb
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

5487

FILED MAR 3 1942
Registration District No. 1002

Primary Registration District No. 1002

State File No. _____
Registrar's No. 736

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 8 yrs.
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. 2418 Troost Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Floyd Makings
(b) If veteran, name war None
(c) Social Security No. 496-01-0152

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 18th
year 1942 hour 11 minute 20 A. M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive 23 years (Day) (Year)

21. I hereby certify that I attended the deceased from 2-17-42, 19___, to 2-18-42, 19___; that I last saw him alive on 2-18-42, 19___; and that death occurred on the date and hour stated above.

7. Birth date of deceased July 23 1898
(Month) (Day) (Year)

Immediate cause of death
LOBAR PNEUMONIA
Due to 108
Due to _____

8. AGE: Years 43 Months 6 Days 25
If less than one day hr. _____ min. _____

Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy See above

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Roofer
11. Industry or business _____
12. Name Geo. M. Makings
13. Birthplace Illinois (City, town, or county) (State or foreign country)
14. Maiden name Katherine Lewis
15. Birthplace Mo. (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Record Clerk
(b) Address K.C. General Hosp.
17. (a) Burial (b) Date thereof 2-23-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Weilert F. Horne
(b) Address K.C. Mo.
19. (a) Feb 23 1942 (b) M. M. Cron
(Date received local registrar) (Registrar's signature)

While at work _____ (Specify type of place) (b) Means of injury _____
23. Signature Anney P. Thom (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 2-18-42

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

MC

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.....

Blaine E. Weichert

Licensed Embalmer No.....

4075

P. O. Address.....

R.C. Mo.

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.