

U. S. No. 2
Form-9-4-41
Rev. 5-17-39

9571

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 25 1942

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1519

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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 R.C. General Hospital No. 1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 27 days (Specify whether
66 Years years, months or days)

In this community 66 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 2

(d) Street No. Cordova Hotel, 523 W. 12th St.
(If rural, give location)

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

3. (a) PRINT FULL NAME Daisy Dreyfoos

MEDICAL CERTIFICATION

3. (b) If veteran, name war No

20. DATE OF DEATH: Month April day 16th
year 1942 hour 7 minute 10 P. M.

4. Sex Fe 5. Color or race Wh

21. I hereby certify that I attended the deceased from 3-20-42, 19, to 4-16-42, 19.

6. (b) Name of husband or wife Unknown

that I last saw h. er alive on 4-16-42 and that death occurred on the date and hour stated above.

7. Birth date of deceased July 21, 1875
(Month) (Day) (Year)

Immediate cause of death CARCINOMA OF CERVIX

8. AGE: Years <u>66</u>	Months <u>8</u>	Days <u>25</u>	If less than one day hr. <u>0</u> min. <u>0</u>
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Due to 4800

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

Due to

10. Usual occupation Cordova Hotel

Other conditions None
(Include pregnancy within 3 months of death)

11. Industry or business Frank Haley

Major findings: None
Of operations

12. Name Frank Haley

Of autopsy None

13. Birthplace Ohio
(State or foreign country)

22. If death was due to external causes, fill in the following:

14. Maiden name Corabella Sherman

(a) Accident, suicide, or homicide (specify)

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

(b) Date of occurrence

16. (a) Informant Mrs. A. P. Dietz

(c) Where did injury occur? at Mt. Muncie Leavenworth, Mo.
(City or town) (County) (State)

(b) Address 705 Sharp Bldg.

23. Signature W. M. Brown (M. D. or other)
Address Med. Dir. K.C.G. Hospital

17. (a) Removal (b) Date thereof April 18, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation C.H. Blackman & Son, Inc.

18. (a) Signature of funeral director W. M. Brown
2025 Indep. Blvd.

(b) Address 4-17-42 (c) W. M. Brown
(Date received local registrar) (Registrar's signature)

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. O. Blackman

Licensed Embalmer No.....

3639

P. O. Address.....

N. 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.