

S. No. 2  
M-9-4-41  
v. 5-17-39  
WI X29484

9673

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED APR 25 1942  
399

Registration District No. ....

Primary Registration District No. 1002

Registrar's No. 1316

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) Name of hospital or institution:  
General Hospital No. 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. 12-18-41-4-1-42  
(Specify whether years, months or days) 31 years

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. 808 Euclid  
(If rural, give location)  
(e) Citizen of foreign country? Yes (Yes or No)  
If yes, name country. Japan

3. (a) PRINT FULL NAME JOHN IZUME

3. (b) If veteran, None name war. 3. (c) Social Security No. None

4. Sex Male 5. Color or race Japanese 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Julia Izume 6. (c) Age of husband or wife if alive, years 27 1877

7. Birth date of deceased. November 27 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
64 4 54 hr. min.

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

10. Usual occupation. None

11. Industry or business. ....

12. Name Unknown

13. Birthplace. Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 4/3/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Highland Cemetery

18. (a) Signature of funeral director Walter Bore

(b) Address 1729 Lydia

19. (a) 4-3-42 (b) M. N. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1  
year 1942 hour 1 minute 30 a. M.

21. I hereby certify that I attended the deceased from December 18 1941 to April 1 1942  
that I last saw him alive on April 1 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death. Generalized Toxemia Duration

Due to Infected post operative knee

Due to Hypertrophic arthritis with anklyosis

Other conditions. (Include pregnancy within 3 months of death) 59B

Major findings: Of operations. ....

Of autopsy. ....

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 [Signature] (M. D. or other)  
Address Gen. Hosp #2 - 600 Euclid Date signed 4-2-42

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

48  
Solo

048  
Solo

3619

(Licensed Embalmer's Statement on Reverse Side)

**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

*Isaac J. Manlove*

Licensed Embalmer No.

*3994*

P. O. Address

*2503 Highland*

**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.**