

13510

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1807

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Willows Hospital-2929 Main St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 hrs
(Specify whether
In this community 5 hrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
(d) Street No. 2929 Main St
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? --- years.

3. (a) PRINT FULL NAME Kay Queen

3. (b) If veteran, name war babe
3. (c) Social Security No. babe

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced babe

6. (b) Name of husband or wife --- 6. (c) Age of husband or wife if alive --- years

7. Birth date of deceased May 6 1942
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
5 hr. --- min.

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

10. Usual occupation none

11. Industry or business none

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Marie Queen
15. Birthplace Portsmouth Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Willie Martin
(b) Address 2929 Main St

17. (a) Burial (b) Date thereof May 9-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood K.C. Mo.

19. (a) 5-7-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day 6th
Year 1942 hour 1:20 P M minute _____ M.

21. I hereby certify that I attended the deceased from May 6, 1942, to May 6, 1942; that I last saw other alive on May 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death prematurity twins 6 1/2 mo gestation

Due to unknown

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 H. L. Dwyer M.D. (M. D. or other)
Address 515 Alameda Rd Date signed 5-6-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. 5-17-39 I 14931

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate ^{not} ~~was~~ embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *Chas W. Wilks*

Licensed Embalmer No. *2644*

P. O. Address *1509 Elmwood*

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, above space should be left blank.