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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16926

FILED JUN 11 1942

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 2169

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: 2325 Michigan (If not in hospital or institution, write street number or location)

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

In this community About 25 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 2325 Michigan (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Amy Urear

3. (b) If veteran, name war

3. (c) Social Security No. No

4. Sex Fe 3

5. Color or race Col.

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife Tyler Urear

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

7. Birth date of deceased Mar. (Month) 24 (Day) 1890 (Year)

8. AGE: Years 52 Months 2 Days 6 If less than one day hr. min.

9. Birthplace Lawrence (City, town, or county) So. Car. 1 (State or foreign country)

10. Usual occupation Domestic

11. Industry or business

FATHER
12. Name Van Erby
13. Birthplace (City, town, or county) S. Car. 1 (State or foreign country)

MOTHER
14. Maiden name Ellen
15. Birthplace (City, town, or county) S. Car. 1 (State or foreign country)

16. (a) Informant Pearl Holmes

(b) Address 2325 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 2, 42 (Month) (Day) (Year)

(c) Place: burial or cremation Highland K.C. Mo

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 6-2-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30 year 1942 hour 12 minute 55 A. M.

21. I hereby certify that I attended the deceased from May 28th 1942 to May 30th 1942 that I last saw her alive on May 23 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia

Due to Cardia Bronchial Asthma

Due to

Other conditions Lateral Paralysis (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature L V Miller (M. D. or other)

Address 1203 Pasco Date signed June 1 42

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(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.....

Licensed Embalmer No.....3836

P. O. Address.....

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.