

S. No. 2
1-9-4-41
7-5-17-39
PI X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

20492

State File No.

FILED JUL 9 1942 99

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2537

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:
General Hospital No. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **7-1-42-7-2-42**
(Specify whether years, months or days)

In this community **40 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. **1429 1/2 E. 18**
(If rural, give location)

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

3. (a) PRINT FULL NAME **JAMES WINN**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **495-092512**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **2**
year **1942** hour **9** minute **15** p.m.

4. Sex **Male**

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **Divorced**

6. (b) Name of husband or wife **Viola Winn**

6. (c) Age of husband or wife if alive **53** years

7. Birth date of deceased **December 25, 1887**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **July 1** 19 **42** to **July 2** 19 **42**
that I last saw him alive on **July 2** 19 **42**
and that death occurred on the date and hour stated above.

8. AGE: Years **54** Months **6** Days **7** If less than one day
hr. min.

Immediate cause of death **Uremia secondary to arteriosclerotic kidney**

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

Due to **Old Urethral Stricture**

10. Usual occupation **Laborer**

Due to **131 a**

11. Industry or business **Business**

Other conditions (Include pregnancy within 3 months of death)

12. Name **Richard Winn**

PHYSICIAN

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

Major findings: Of operations

14. Maiden name **Dora Cason**

Of autopsy **Same as above**

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

Underline the cause to which death should be charged statistically.

16. (a) Informant **Record Clerk**

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

(b) Address **General Hospital No. 2 removal**

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

(c) Place: burial or cremation **Salisbury, Missouri**

(b) Date of occurrence

(a) Signature of funeral director **W. H. Brown**

(c) Where did injury occur? (City or town) (County) (State)

(b) Address **1729 Lydia**

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(a) **July 4, 1942** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

23. Signature **W. H. Brown** (M. D. or other)

Address **Gen. Hospital 2 600 E. 22** Date signed **7-3-42**

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

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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 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.