V. S. No. 2
50M—5-42
Rev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 28 1942

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40013

Registrar's No. 4664

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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 HOSPT.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 day (Specify whether years, months or days)

In this community: DO NOT KNOW

2. USUAL RESIDENCE OF DECEASED:

(a) State: MO (b) County: JACKSON

(c) City or town: K.C.
(If outside city or town limits, write "RURAL")

(d) Street No.: UNKNOWN
(If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: OMER K. UNDERWOOD

3. (b) If veteran, name war: YES

3. (c) Social Security No.: UNKNOWN

4. Sex: M

5. Color or race: W

6. (a) Single, widowed, married, divorced: UNKNOWN

6. (b) Name of husband or wife: —

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

7. Birth date of deceased: UNKNOWN (Month) (Day) (Year)

8. AGE: Years: APROX. 50 | Months: | Days: | If less than one day: hr. min.

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

10. Usual occupation: UNKNOWN

11. Industry or business:

FATHER
12. Name: UNKNOWN
13. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name: UNKNOWN
15. Birthplace: UNKNOWN (City, town, or county) 9 (State or foreign country)

16. (a) Informant: CORONERS OFFICE
(b) Address: JACKSON COUNTY MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: 12-19-42 (Month) (Day) (Year)
(c) Place: burial or cremation: MAPLE HILL CEM.

18. (a) Signature of funeral director: H. TIGERMAN & SONS
(b) Address: KANSAS CITY MO

19. (a) 12/14/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14 year 42 hour 4:40 A. M.

21. I hereby certify that I attended the deceased from Crown, 19..; that I last saw him alive on ..., 19..; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute subdural hemorrhage

Due to: Contusions and lacerations of head

Due to: 1956

Other conditions: Acute alcoholism
(Include pregnancy within 3 months of death)

Major findings: (Patient was drinking hot toddy)
Of operations: Autopsy

Of autopsy: Inspection & testing

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: Did not know 048

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

(b) Date of occurrence: 11/15/42

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

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

While at work? No (e) Means of injury

23. Signature: [illegible] (M.D. or Coroner) 12/14/42

Address: [illegible] Date signed

(Licensed Embalmer's Statement on Reverse Side)

#3

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 Francis Walton, Registered Apprentice No. 2744, working under my personal supervision.

Signed J. K. Hagemann

Licensed Embalmer No. 2747

P. O. Address R. P. 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.