

S. No. 2  
M-542  
5-17-39  
X328

5090

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 496  
Registrar's No.

FILED FEB 25 1943

Registration District No. 149

Primary Registration District No. 1002

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:  
Wesley Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 hour  
In this community 50 years (Specify whether years, months or days)

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. 1658 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country.

3. (a) PRINT FULL NAME MRS. HARRIET CORNPROPST  
3. (b) If veteran, name war No  
3. (c) Social Security No. none

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife William Cornpropst  
6. (c) Age of husband or wife if alive 54 years  
7. Birth date of deceased Feb 2, 1886  
(Month) (Day) (Year)

8. AGE: Years 56 Months 11 Days 27  
If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name Henry Ellis

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

14. Maiden name Millie Moriarity

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

16. (a) Informant William Cornpropst

(b) Address 1658 Broadway

17. (a) Burial (b) Date thereof 2-1-1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Quirk - Polin Co.

(b) Address 20 West Linwood

19. (a) 2-1-43 (b) M. M. Crown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 29,  
year 1943 hour minute M.

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

Immediate cause of death Bronchopneumonia  
Duration

Due to 1253

Other conditions Toxic hepatitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy as above  
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 Marvin B. Jones (M. D. or other)  
Address 909 E. 12th St. Date signed 1-30-43

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

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(Licensed Embalmer's Statement on Reverse Side)

R.C. 116

**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 Charles M. Quinn  
Licensed Embalmer No. 3774  
P. O. Address K. C. 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.**