

S. No. 2
M-5-42
5-17-39
I X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5183**
Registrar's No. **495**

FILED FEB 25 1943
Registration District No. **149**

Primary Registration District No. **1002**

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

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. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **12-28-42-1-19-43**
7 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
Missouri
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **3341 Hardesty**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **GARFIELD CHEADLE**
3. (b) If veteran, **—** name war **—**
3. (c) Social Security No. **70**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **January** day **19**
year **1943** hour **4:00** minute **0** P. M.

4. Sex **Male** 5. Color or Race **Negro**
6. (a) Single, widowed, married, **2 divorced Wid.**
6. (b) Name of husband or wife **unknown**
6. (c) Age of husband or wife if alive **Deceased** years
7. Birth date of deceased **December 25 1890**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **December 28 1942** to **January 19 1943**
that I last saw him alive on **January 19 1943**
and that death occurred on the date and hour stated above.

8. AGE: Years **52** Months **0** Days **24**
If less than one day hr. min.

Immediate cause of death **Uremia** Duration
Due to **Bilateral Hydronephrosis**

9. Birthplace **Johnson County Oklahoma**
(City, town, or county) (State or foreign country)

Due to **Primary Adenocarcinoma of bladder**
Other conditions **52 B**
(Include pregnancy within 3 months of death)

10. Usual occupation **unemployed**

PHYSICIAN
Major findings:
Of operations
Of autopsy **Same as above**

MOTHER FATHER } 11. Industry or business
12. Name **Hense Garfield**

13. Birthplace **unk. 9**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary**

15. Birthplace **unk. 9**
(City, town, or county) (State or foreign country)

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

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

17. (a) **Removal** (b) Date thereof **2-1-43**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Turant Okla**

18. (a) Signature of funeral director **Adorno Pres.**
(b) Address **2000 E. 12th K.C. Mo.**
19. (a) **2-1-43** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

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 **J. J. Brown** (M. D. or other)
Address **Gen. Hosp. #2 - 600 E. 12th** Date signed **2-1-43**

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address Kansas City 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.