

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAR 5 1943

Registration District No. 19

Primary Registration District No. 1002

Registrar's No. 793

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:
1610 Jefferson
(If not in hospital or institution, write street number or location)

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

In this community 10 Years.

3. (a) PRINT FULL NAME Joseph Northcut

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex M

5. Color or race O

6. (a) Single, widowed, married, divorced None

6. (b) Name of husband or wife XX

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

7. Birth date of deceased Unknown
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

Aprox, 76 hr. min.

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

10. Usual occupation Blind Man

11. Industry or business _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Coroners Office.

(b) Address Kansas City, Mo.

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 2/15/43
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill R-C-K.

18. (a) Signature of funeral director H. Tig rman & Sons

(b) Address Kansas City, Mo.

19. (a) 2-15-43
(Date received local registrar)

(b) M. M. Lerowe
(Registrar's signature)

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. 1610 Jefferson
(If rural, give location)

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

If yes, name country XX

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12
year 43 hour 9:50 minute 0 M.

21. I hereby certify that I attended the deceased from Coroner to Coroner 1943
that I last saw him alive on _____ 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to 92H

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy Inspection history

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) Means of injury

23. Signature Joseph Northcut
Address _____ Date signed 2/15/43

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.....

Francis Walton

Registered Apprentice No. *2744*

working under my personal supervision.

Signed.....

J. H. Regener

Licensed Embalmer No. *2744*

P. O. Address *H. C. 2nd*

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.