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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 5 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5538

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 872

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 612 Main (If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3 8

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

(d) Street No. 613 Main (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME LOUIS D TALLENT

3. (b) If veteran, name war unknown 3. (c) Social Security No. none

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced unk.

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive years

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

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

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

10. Usual occupation

11. Industry or business

FATHER 12. Name

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

MOTHER 14. Maiden name

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

16. (a) Informant Coroner's Office

(b) Address K.C. Mo.

17. (a) ~~Burial~~ (Burial, cremation, or removal) (b) Date thereof 2/19/43 (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill Cem. K.C. Kans

18. (a) Signature of funeral director SEBBETO'S

(b) Address 901 E 5th

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 12 year 43 hour 8 minute P M.

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

Deputy Coroner

Immediate cause of death Death due to natural causes.

Due to 200a

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Not done.

Duration

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) M.D.

Address 23rd McCoy Date signed 2/17/43

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(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.