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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9212

FILED MAR 20 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1231

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: 3636 Michigan / (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether In this community 3 Months years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 2

(c) City or town Kansas City (If outside city or town limits, write "RURAL") 0

(d) Street No. 3636 Michigan (If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME WILLIAM BALDWIN MOUNT

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife -

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

7. Birth date of deceased April 7, 1872 (Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 3 If less than one day ..... hr. ..... min.

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

10. Usual occupation Postal Employee

11. Industry or business Delivering Mail retired

FATHER
12. Name John Preston Mount
13. Birthplace Indiana (City, town, or county) / (State or foreign country)

MOTHER
14. Maiden name Mary Jane Brooks
15. Birthplace ..... (City, town, or county) Ky / (State or foreign country)

16. (a) Informant Mrs. A. E. Andrews

(b) Address 3636 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 12, 1943 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd., K. C. Mo.

19. (a) 3-11-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 10 year 1943 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Feb 15, 1943, to March 9, 1943; that I last saw him alive on March 9, 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of bladder	2 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 J. J. Davis (M. D. or other)

Address 907 Waldheim Bld Date signed 3-11-43

(Licensed Embalmer's Statement on Reverse Side)

Dr. Davis

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 H D Blackman

Licensed Embalmer No. 3639

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.