S. No. 2
—9-4-41
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PI X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 5 1943

Registration District No. 149

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 13143

Registrar's No. 1805

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-8-43-4-13-43
In this community 10 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 6
(If outside city or town limits, write "RURAL")
(d) Street No. 1302 Paseo
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JAMES EASON

3. (b) If veteran, name war no

3. (c) Social Security No. 487-05-2142

4. Sex male

5. Color or race Negro

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 January (Month) 30 (Day) 1913 (Year)

8. AGE: Years 30 Months 2 Days 13 If less than one day hr. min.

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

10. Usual occupation laborer

11. Industry or business business

FATHER
12. Name Charlie Eason
13. Birthplace Arkansas (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Alice ?
15. Birthplace Texas (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Place of burial, cremation or removal Memorial (b) Date thereof 4-16-43 (Month) (Day) (Year)
Burial at Washington Oklahoma City Okla
Place: burial or cremation okla

18. (a) Signature of funeral director C. Sterling Phillips
(b) Address 1212 Tower C.M.B.

19. (a) 4-16-43 (Date received by local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13 year 1943 hour 8:30 minute p. m.

21. I hereby certify that I attended the deceased from April 8, 1943 to April 13, 1943 that I last saw him alive on April 13, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism — Duration

Due to Multiple pulmonary abscesses

Due to Lobar Pneumonia 1 100

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? (Specify type of place) (e) Means of injury

23. Signature G. A. Stones M. D. or other)
Address Sen. Hospital 2-600 E 22 Date signed 4-15-43

(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 E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 Vine K.C.

**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.**