

S. No. 2
4-5-42
5-17-39
PI X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13181

State File No.

FILED MAY 5 1943

Registration District No. 5 1943

Primary Registration District No. 1002

Registrar's No. 1806

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:
1107 1/2 East 12th St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... (Specify whether
In this community 20 years..... (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Everett R. Golden

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

3. (c) Social Security No. 486-10-4522

4. Sex male 5. Color or race white

6. (a) Single, widowed, married. 2 divorced widower

6. (b) Name of husband or wife..... unknown

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

7. Birth date of deceased. Feb. 13 1884
(Month) (Day) (Year)

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

59	2	1 hr. min.
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9. Birthplace. Holden, Missouri
- (City, town, or county) (State or foreign country)

10. Usual occupation. Plumber

11. Industry or business. Construction

MOTHER FATHER {

12. Name. unknown

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

14. Maiden name. unknown

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

16. (a) Informant. Tom Davis

(b) Address. Court House K C Mo

17. (a) Burial (b) Date thereof. Apr. 16, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Green Lawn Cemetery

18. (a) Signature of funeral director. James Funeral Home

(b) Address. 3146 Main St

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

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 1107 1/2 East 12th St
(If rural, give location)

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

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 14th day April
year 1943 hour 7 minute 05 AM.

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

Immediate cause of death. Coronary Artery Disease.

Due to.....

Due to..... gfa

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)

23. Signature A. E. Usher (M. D. or other) D M. H.

Address 2312 M & Co Date signed 4/16/43

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 Guy Buffington
Park H. Howe
Licensed Embalmer No. ~~2347~~ 2756
P. O. Address 71 E. 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.