

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 7 1943
FILED JUN 1943
Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16957
State File No. _____
Registrar's No. 2420

Primary Registration District No. 1002

1. PLACE OF DEATH:
(c) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 145 So. Doury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ years, months or days) 50 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City Mo 3
(If outside (city or town limits) write "RURAL")
(d) Street No. 145 S. Doury 0
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Caroline Harper
3. (b) If veteran, name war No
3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25
year 1943 hour 4 minute 0 P. M.
21. I hereby certify that I attended the deceased from 3-21-43
_____ 19____ to May 25 1943
that I last saw h. a alive on May 29 1943
and that death occurred on the date and hour stated above.

4. Sex fe 1 5. Color or race w
6. (a) Single, widowed, married. 2 divorced widow
6. (b) Name of husband or wife. Sons
6. (c) Age of husband or wife if alive _____ year
7. Birth date of deceased Oct 12 1868
(Month) (Day) (Year)

Immediate cause of death acute cardiac delectation 2 hours
Due to Epileptiform fits
Due to atherosclerosis 1/2 year

8. AGE: Years Months Days If less than one day
74 7 13 _____ br. _____ min.

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Housewife
11. Industry or business same
12. Name Joseph Walker #
13. Birthplace Germany (City, town, or county) (State or foreign country) #
14. Maiden name Mary Amasariup #
15. Birthplace Germany (City, town, or county) (State or foreign country) #

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.

16. (a) Informant Violet Dyman
(b) Address 125 So. Chelsea
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/43 (Month) (Day) (Year)
(c) Place: burial or cremation St Mary Cem
18. (a) Signature of funeral director Saml Mayberry
(b) Address Lin + Olive
19. (a) 5-27-43 (Date received local registrar) (b) M. M. Grome (Registrar's signature)

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) (e) Means of injury _____
23. Signature John T. Shuman (M. D. or other) MD
Address 1402 Bryant Ave Date signed 5-26-43

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

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.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address: *G. E. T. M.*

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.