V. S. No. 2
0M—5-42
ev. 5-17-39
I X32875

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

17107

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

LED JUN 1 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 149 Primary Registration District No. 10021. Registrar's No. 2223

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: General Hospt. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 minutes (Specify whether
In this community 2 hrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State ~~[illegible]~~ (b) County ~~Jackson~~ 41
(c) City or town Gola Kans. 3
(If outside city or town limits, write "RURAL")
(d) Street No. 837 No Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME Everett LeRoy Rankin
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown

4. Sex MD
5. Color or race W
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 unknown (Month) (Day) (Year)

8. AGE: Years 55 Months Days If less than one day hr. min.
9. Birthplace unknown (City, town, or county) (State or foreign country) 9
10. Usual occupation Room Clerk
11. Industry or business
FATHER
12. Name George H. Rankin
13. Birthplace unknown (City, town, or county) (State or foreign country) 9
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) (State or foreign country) 9
16. (a) Informant Coroners Office
(b) Address Jackson County Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-17-43 (Month) (Day) (Year)
(c) Place: burial or cremation Gola Kans
18. (a) Signature of funeral director H Thoerman & Son
(b) Address K.C. Mo
19. (a) May 17 1943 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16 year 1943 hour minute M.
21. I hereby certify that I attended the deceased from to 19 ; that I last saw h Deputy Coroner 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death Total Laceration of throat
Due to
Due to 16 ft
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy Inspection and History

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) Suicide
(b) Date of occurrence May 16 1943
(c) Where did injury occur? Kansas City (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public place (Specify type of place)
While at work No (e) Means of injury Knife Laceration
23. Signature A. E. Ussher (M. D. or other) M.D.
Address 23 E McCoy Date signed 5/17/43

311

(Licensed Embalmer's Statement on Reverse Side)

JUL 2 1943

FEB 3 1944

JUN 1 1943

JUL 6 - 1943

NOV 9 1943

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. F. S. Walton

Licensed Embalmer No. 2744

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.