. S. No. 2
0M—5-42
ev. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

17122

State File No.

LED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2441

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: 2322 Montgall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) 1 day
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2322 Montgall 0
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) FULL NAME: Madison, Charles, Royal
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: male
5. Color or race: Colored
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: May (Month) 26 (Day) 1943 (Year)

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

9. Birthplace: Kansas City, Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: infant
11. Industry or business:
FATHER 12. Name: Madison, Charles Royal
13. Birthplace: Arkansas (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Ella R. Laurent
15. Birthplace: Lawrence Kansas (City, town, or county) (State or foreign country)
16. (a) Informant: Mr. Madison, Chas. Royal
(b) Address: 2322 Montgall
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 05-28-43 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln
18. (a) Signature of funeral director: H. B. Moore
(b) Address: 1920 E. 18th St.
19. (a) 5-28-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27 year 1943 hour unknown A.M. or P.M.
21. I hereby certify that I attended the deceased from 5-26- 1943, to 5-27- 1943, that I last saw him alive on 5-26- 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Premature	
Due to: unknown	
Due to: — 154	
Other conditions: none (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: [illegible] (M. D.)
Address: 2200 E-18 Date signed: 5-27-43

(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 me

H B Moore, Registered Apprentice No.....,

working under my personal supervision.

Signed. H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.