

S. No. 2
M-2.43
6-17-39
X3587

20331

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

JUL 13 1943

149

Primary Registration District No. 1002

Registrar's No. 2939

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:
At Home--1024 Michigan /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 22 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1024 Michigan
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Allen Douchett

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Idella Douchett 6. (c) Age of husband or wife if alive 45 years
7. Birth date of deceased March 22, 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 3 Days 5 If less than one day hr. min.

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

10. Usual occupation Janitor

11. Industry or business None

12. Name Unknown

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

14. Maiden name Amelia

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

16. (a) Informant Idella Douchett

(b) Address 1024 Michigan

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/1/43
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director Hathorn Bros

(b) Address 1729 Ryder

19. (a) 7-2-43 (Date received local registrar) (b) Dep. J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June 27 day Sunday
year 1943 hour 3:50 minute P. M.

21. I hereby certify that I attended the deceased from 3-24- 1943 to 6-27- 1943

that I last saw h. _____ alive on _____, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Addison's Disease. 65W
Duration _____

Due to Disease of Suprarenal Glands

Due to UNKNOWN

Other conditions Acute Myocarditis
(Include pregnancy within 3 months of death)
with dilatation of Heart.

Major findings:
Of operations No
Of autopsy No
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) No.

(b) Date of occurrence No.

(c) Where did injury occur? No.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? No

While at work? No (Specify type of place) (e) Means of injury No

23. Signature J. S. Wells (M. D. or other)

Address 1605 E. 18th Mo. Date signed 6-30-43

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

MOTHER FATHER

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 *Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2503 Highland*

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.