V. S. No. 2
50M—5-42
Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 18 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

21543

State File No.

Registration District No. 15D Primary Registration District No. 5572 Registrar's No. 64

48 0 0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Jackson County Emergency Hosp'tal
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 da (Specify whether

In this community 30 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")

(d) Street No. 8805 Wilson Rd.
(If rural, give location)

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

If yes, name country —

3. (a) PRINT FULL NAME Tony De George

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lena DeGeorge

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased unknown (Month) 1880 (Day) (Year)

8. AGE: Years 63 Months — Days — If less than one day hr. min.

9. Birthplace Italy (City, town, or county) 5 (State or foreign country)

10. Usual occupation Huckster

11. Industry or business —

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Lena De George

(b) Address 8805 Wilson Rd K.C. Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-25-1943 (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem.

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Mo.

19. (a) May 25 1943 (Date received local registrar) (b) T. M. Schicks Reg. E. Ph. Schicks (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st year 1943 hour 2 minute 15 A.M.

21. I hereby certify that I attended the deceased from May 18 1943 to May 21st 1943 that I last saw him alive on May 21 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia	2 days
Due to Phenic Myo cardidi & nephritis	2 yrs.
Due to	
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.

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 F. B. Dailey (M. D. or other) M.D.

Address J. C. Emg. Hospital Date signed 5/22/43

(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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed George E Carson

Licensed Embalmer No. R249

P. O. Address Independence 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.