V. S. No. 2
00M—2-43
ev 5-17-39
I X35597

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

State File No. 27284

FD SEP 7 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3629

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: 1705 Agnes 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 2 wks.
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 999

(a) State Texas (b) County 11

(c) City or town Denton 3
(If outside city or town limits, write "RURAL")

(d) Street No. —
(If rural, give location)

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

If yes, name country 2

3. (a) PRINT FULL NAME JEANIA CRAFT.

3. (b) If veteran, name war .....

3. (c) Social Security No. none

4. Sex Female

5. Color or race col 3

6. (a) ~~Single~~, widowed, ~~married~~, ~~divorced~~ 2

6. (b) Name of husband ~~or wife~~ Dont Know

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

7. Birth date of deceased ..... (Month) ..... (Day) 1874 (Year)

8. AGE: Years 69 | Months — | Days — | If less than one day ..... hr. ..... min.

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

10. Usual occupation Domestic

11. Industry or business House Work

FATHER
12. Name Dan Howard
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace Texas (City, town, or county) 1 (State or foreign country)

16. (a) Informant Robert Craft
(b) Address 1705 Agnes Ave.

17. (a) Denton Tex (Burial, cremation, or removal) (b) Date thereof 8/24/43 (Month) (Day) (Year)
(c) Place: burial or cremation Denton Texas

18. (a) Signature of funeral director H B Moore
(b) Address 1820 E 18 st

19. (a) 8-28-43 (Date received local registrar) (b) T. E. Brown (Registrar's signature) dep

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 20 p.
year 1943 hour 12:15 minute P. M.

21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....;
that I last saw h..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion

Due to Chr Fibrous Myocarditis

Due to .....

Other conditions 94a
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy Yes

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) .....

(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 L. P. Richardson (M.D. or other)

Address 1832 Vine Date signed 8-22-43

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(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 No

H B Moore, Registered Apprentice No. No,

working under my personal supervision.

Signed H B Moore

[redacted] Embalmer No. 2410

P. O. Address 1821 E 18th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to [redacted] the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.