

No. 2
2-43
5-17-35
1 X 3507

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

MAILED AUG 24 1943

Registration District No. 146

Primary Registration District No. 5568

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town ~~Kansas City~~ BLUE Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
10300 East 19th Street /
(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)

In this community 18 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁷⁸

(c) City or town ~~Kansas City~~ BLUE Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. 10300 East 19th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country ----- ¹

3. (a) PRINT FULL NAME Mr. John Bertram De Talent

3. (b) If veteran, name war No 3. (c) Social Security No. 488-22-2579

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Grace De Talent 6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased May 2 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>65</u>	<u>2</u>	<u>7</u>	hr. min.

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

10. Usual occupation Retired

11. Industry or business Grocer

12. Name Steven De Talent

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

14. Maiden name Anna Unknown

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

16. (a) Informant Mrs. Grace De Talent

(b) Address 10300 East 19th Street

17. (a) Burial (b) Date thereof July 10th 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address Kansas City, Missouri

19. (a) 7-10-43 (b) James W. Ross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 9th year 1943 hour 1 minute A. M.

21. I hereby certify that I attended the deceased from May 1st - July 9, 1943
1st - July 9, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis, 2 yrs. Arterio sclerosis

Due to None
Due to None

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None
Of autopsy None

Duration 2 yrs. 6 mos.
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) no

(b) Date of occurrence

(c) Where did injury occur? no

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place) (e) Means of injury

23. Signature [Signature] Date signed 7/9/43

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

MOTHER FATHER

800 Professional Bldg
2:30 - 5:30

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *A. E. 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.