

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30679**
3973
Registrar's No.

Registration District No. **1002**

Primary Registration District No. **1002**

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

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: St. Mary's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 hrs. 35 min.
(Specify whether
In this community 4 hrs. 35 min.
years, months or days)

3. (a) PRINT FULL NAME Roscoe Leonard Dean, Jr.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race w 6. (a) Single, widowed, married, divorced N.B.

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

7. Birth date of deceased 9 - 13 - 43
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
+ + + 4 hrs. 35 min.

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

10. Usual occupation N.B. infant

11. Industry or business _____

MOTHER FATHER { 12. Name Roscoe Leonard Dean, Jr.

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

14. Maiden name F. Evelyn Frances Hammett

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

16. (a) Informant Mrs. Roscoe L. Dean

(b) Address 1847 East 7th N.C.M.

17. (a) Burial (b) Date thereof Sept-11-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Mrs. C.L. Foster

(b) Address 918 Broadway

19. (a) 9-16-43 (b) J.E. Brown, Dep.
(Data received local registrar) (Registrar's signature)

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. 1847 East 7th
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day fourteenth
year 1943 hour 4:15 minute A. M.

21. I hereby certify that I attended the deceased from Sept 13, 1943, to Sept 14, 1943;
that I last saw him alive on Sept 14, 1943,
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia

Due to typical of prog. & fatal
infect of influenza

Due to 159

Other conditions (Include pregnancy within 3 months of death) _____

PHYSICIAN

Major findings: _____
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____

33. Signature J. Carrow M.D. (M. D. or other)
Address Olney 7th Bldg Date signed 9/14/43

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 R. W. Runnels

Licensed Embalmer No. 3860

P. O. Address Kansas City, 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.