

U. S. No. 2
FORM-5-42
Rev. 5-17-39
I X32873

30726

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 13 1943 149

Registration District No.

Primary Registration District No. 1002

Registrar's No. 4170

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
Kansas City Convalescent Home #4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 weeks
(Specify whether)

In this community 50 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 3200 Norledge 1009 W. 39th
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Ida Files

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 30
year 1943 hour 6:30 minute a M.

21. I hereby certify that I attended the deceased from 9-15-43
19... to 9-30-43, 19...
that I last saw her alive on 9-30-43, 19...
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced widowed

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

7. Birth date of deceased Oct 15 1861
(Month) (Day) (Year)

Immediate cause of death.....

arteriosclerosis

Due to.....

a

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

8. AGE: 82 Years Months 11 Days 16 If less than one day hr. min.

9. Birthplace Montgomery Co Md 1
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

11. Industry or business

12. Name William M Cartwell

13. Birthplace Clerk Co - Ohio 1
(City, town, or county) (State or foreign country)

14. Maiden name Emeline Cornwell

15. Birthplace Elkhart Co Ind - 1
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:
Of operations.....

Of autopsy.....

Underline the cause to which death should be charged statistically.

16. (a) Informant Harry R. Mills

(b) Address 1009 W 39th Kansas

17. (a) burial (b) Date thereof Oct 2-1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Gates Funeral Home

(b) Address 1401 Alathe Bld - Kansas

19. (a) 10-1-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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.....

23. Signature W. H. H. H. H. (M. D. or other) 3200 Norledge
Address 3200 Norledge Date signed 9-30-43

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

MOTHER FATHER

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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... *Thos Franklin*

Licensed Embalmer No. *4367*

P. O. Address. *41 State Ave*

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.

*1401 Claitor Blvd
NB Kansas*