

S. No. 2
-11-10-39
5-17-39
-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

33897

State File No. _____

NOV 1 1943/49

Registrar's No. 4507

Registration District No. _____

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 Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Mary Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day.
In this community 20 Years. (Specify whether years, months or days)

3. (a) PR William Ounsworth
FULL NAME

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 Helen G. Ounsworth.
6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased September 23rd 1871
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>0</u>	<u>28</u>	hr. _____ min. _____

9. Birthplace England 4
(City, town, or county) (State or foreign country)

10. Usual occupation Business

11. Industry or business Retired upholster.

12. Name William S. Ounsworth

13. Birthplace England 4
(City, town, or county) (State or foreign country)

14. Maiden name Martha Poppan.
(City, town, or county) (State or foreign country)

15. Birthplace England 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Helen G. Ounsworth.

(b) Address 3219 Campbell St.

17. (a) Burial (b) Date thereof 10-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody-McGilley.
(b) Address K. C. Mo.

19. (a) 10-23-43 (b) H. C. Brown
(Date received local registrar) (Registrar's signature)

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. 3219 Campbell St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 21
year 43 hour _____ min. 10:50 P M.

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

Immediate cause of death Artery thrombosis
Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 942

Major findings: Of operations _____

Of autopsy See form

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?
While at _____ (Specify type of place) (e) Means of injury 107

23. Signature [Signature] (M.D. or other) _____
Address [Signature] Date signed 10/21/43

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 Russell H. France

Licensed Embalmer No. 4255

P. O. Address K.C. 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, above space should be left blank.