

S. No. 2
DM-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31002
Registrar's No. 4614

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
4441 Bell St. A
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none
In this community 35 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 4441 Bell
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Cora M. Derington

3. (b) If veteran, name war none 3. (c) Social Security No. none

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive, years 24 1871
7. Birth date of deceased May (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>5</u>	<u>7</u>	hr. min.

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

10. Usual occupation at home

11. Industry or business

12. Name William F. James

13. Birthplace no record Illinois (City, town, or county) (State or foreign country)

14. Maiden name Mrs. A. Hodges

15. Birthplace no record Tenn. (City, town, or county) (State or foreign country)

16. (a) Informant Herman R. Schramm
(b) Address 4441 Bell st.

17. (a) burial (b) Date thereof 11/2 / 43
(c) Place: burial or cremation Elmwood Cen. Chanute,
(Basic, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Funeral Home
(b) Address 1901 Olathe Blvd.

19. (a) 11-2-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 1 year 1943 hour 1:15 minute P. M.

21. I hereby certify that I attended the deceased from Green 1939 to Nov. 1 1943
that I last saw h. alive on Nov. 1 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Angina Pectoris
Due to Chronic Hypertension 9 years
+ Chronic Nephritis 9 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations g4b
Of autopsy

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) Means of injury _____
23. Signature Eugene H. Schramm (M. D. or other)
Address 933 Prof Blvd Date signed 11-2-43

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

MOTHER FATHER

Duration
3 years
9 years
9 years
PHYSICIAN
Underline the cause to which death should be charged statistically.

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..... *Thomas Franklin*

Licensed Embalmer No. *4367*

P. O. Address *1901 Clatter Blvd NOKAN*

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.