

S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 3 1943
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4819

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: General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 19 days
(Specify whether
In this community Most of his life
years, months or days)

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. 807 Brighton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charles Stanley

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 13th
year 1943 hour 9 minute 10 A. M.

3. (b) If veteran, name war Mo 3. (c) Social Security No. 5-23-16-6959

21. I hereby certify that I attended the deceased from October 25th 1943 to November 13th 1943
that I last saw him alive on November 13th 1943
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W 6. (a) Single, ~~widowed~~, married, divorced 0
6. (b) Name of husband or wife None 6. (c) Age of husband or wife if alive 1920 years
7. Birth date of deceased: 2 9 1920
(Month) (Day) (Year)

Immediate cause of death Rheumatic heart disease (Chronic)
Duration _____

8. AGE: Years 23 Months 9 Days 5 If less than one day _____ hr. _____ min.

Due to _____
Due to _____

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

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

10. Usual occupation _____

Major findings: Of operations _____
Of autopsy See above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business Checker, cot ex
12. Name J. W. Stanley
13. Birthplace Mo (City, town, or county) (State or foreign country)
14. Maiden name Miss Reed
15. Birthplace Mo (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant J. W. Stanley
(b) Address 807 Brighton
17. (a) Removal Removal (b) Date thereof 11-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lamonte Mo
18. (a) Signature of funeral director E. P. Polachman
(b) Address Kansas City Mo
19. (a) 11-15-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
Means of injury _____
23. Signature J. R. Thom (M. D. or other) 11-15-43
Address Ed. Dir. Gen'l Hosp. Date signed _____

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

SEP 19 1944

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.....

Licensed Embalmer No.....

P.O. Address.....

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.