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No. 2
1-2-43
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. _____

FILED DEC 22 1943/9

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4930

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: 309 Garfield / Conv. Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 20 Months
(Specify whether years, months or days)

In this community 12 Years
(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. 309 Garfield
(If rural, give location)

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

3. (a) PRINT FULL NAME HENRY WARREN OUSLEY

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced, widower Widower

6. (b) Name of husband or wife Dora Taylor

6. (c) Age of husband or wife if alive - years

7. Birth date of deceased Jan. 6, 1855
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov., day 25, year 1943, hour 1 minute 15 AM.

21. I hereby certify that I attended the deceased from Oct 14 to Nov 23, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Tuber Pneumonia

Due to Sinility

Due to 108

8. AGE: Years Months Days If less than one day

88 10 19 hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Self

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Victor C. Renfro

(b) Address 1311 Valentine Rd.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Wheeler Cemetery, Dixon, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 11-26-43 (Date received local registrar) (b) H. E. Brown (Registrar's signature)

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

Major findings: Of operations ✓

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? MO.

23. Signature John H. Henry (M. D. or other) allo.
Address 2150 Independence Ave Date signed 11-26-43
Kansas City, Mo

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

Dr. J. C. Hensley
Boily Clinic

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 A. D. Blackman

Licensed Embalmer No. 3639

P. O. Address N. 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, fact should be so stated above.