2
43
39
35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 28 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1364
Registrar's No. 5725

Registration District No. 149
Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town K.C. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospt. 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Week (Specify whether
In this community 40 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson 48
(c) City or town K.C. (If outside city or town limits, write "RURAL") 8
(d) Street No. 2717 Holmes (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country —

3. (a) PRINT FULL NAME William Edison
3. (b) If veteran, name war unknown
3. (c) Social Security No. unknown
4. Sex M
5. Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Dont Know
6. (c) Age of husband or wife if alive years
7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
Approx 75 hr. min.

9. Birthplace unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation unknown
11. Industry or business
FATHER
12. Name unknown
13. Birthplace unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name unknown
15. Birthplace unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Coroners Office
(b) Address K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-21-44 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem.
18. (a) Signature of funeral director H. Tigeman & Sons
(b) Address K.C. Mo.
19. (a) 12-31-1943 (Date received local registrar) J E Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12-21-43 day year hour minute M.
21. I hereby certify that I attended the deceased from Deputy to Coroner 19 ;
that I last saw h alive on 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Carbon Monoxide Intoxication
Due to Gas Stove
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection and History

Duration

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) Accident 1-2-3
(b) Date of occurrence Dec. 16, 1943
(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? No (e) Means of injury C
23. Signature A. E. Upsher (M. D. or other) M.D.
Address 23 McCoy Date signed 1/17/44

361

(Licensed Embalmer's Statement on Reverse Side)

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

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 Francis Walton, Registered Apprentice No. 2744 working under my personal supervision.

Signed J. H. Rigeman

Licensed Embalmer No. 2744

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.