

FILED JAN 19 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1702

State File No. 5628

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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: 504 Woodland 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 24 yrs (Specify whether years, months or days)
 In this community 24 yrs

3. (a) PRINT FULL NAME

(b) If veteran, name war no

(c) Social Security No. no

4. Sex 117 5. Color or race W
 6. (a) Single, widowed, married, divorced, Married
 6. (b) Name of husband or wife Lulu Sample 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Apr 14 1867
 (Month) (Day) (Year)

8. AGE: Years 76 Months 8 Days 15 If less than one day hr. min.

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

10. Usual occupation Meat Cutter

11. Industry or business

12. Name Alex Sample
 13. Birthplace Indiana
 (City, town, or county) (State or foreign country)
 14. Maiden name Annada Smith
 15. Birthplace no record
 (City, town, or county) (State or foreign country)

16. (a) Informant Lulu Samples
 (b) Address 504 Woodland
 17. (a) Removal (b) Date thereof Dec 31 1943
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Fairbury Mebr

18. (a) Signature of funeral director Mrs C K Foster
 (b) Address 714 Franklin
 19. Dec 30 1943 (c) J B 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
 (If outside city or town limits, write "RURAL")
 (d) Street No. 504 Woodland
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 29
 year 1943 hour 9 minute 9 M.
 21. I hereby certify that I attended the deceased from Aug 31
1943 to Dec 29, 1943
 that I last saw him alive on Nov, 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy
High blood pressure
& arterio sclerosis
 Due to 83 a
 Other conditions: (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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) _____
 (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) _____ (c) Means of injury _____

23. Signature F W Thompson (M. D. or other) 90
 Address 720 Bryant Bldg Date signed 12/29/43

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.....

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.