

S. No. 2
DM-2-43
5-17-39
I. X35897

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6344

State File No.

FILED MAR 6 1949
Registration District No. 1002

Primary Registration District No. 1002

Registrar's No.

850

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution: General Hospital
(d) Length of stay: In hospital or institution 3 days
In this community 3 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Candor
(c) City or town Stoutland
(d) Street No. Rural
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Jack Still
3. (b) If veteran, name war no
3. (c) Social Security No. 512-21-888

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb. day 20th
year 1944 hour 2:10^{PM} minute AM.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Jeanette Still
6. (c) Age of husband or wife if alive 35 years
7. Birth date of deceased Nov 30 1899

21. I hereby certify that I attended the deceased from _____ to _____
that I last saw him Deputy Coroner
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>2</u>	<u>20</u>	hr. _____ min. _____

Immediate cause of death Acute Edema of Larynx.
Due to 30 Burns of Face.

9. Birthplace Smithville Mo.
10. Usual occupation Steam Shovel man

Due to _____
Other conditions (include pregnancy within 3 months of death) _____
Major findings: 180-1
Of operations _____

11. Industry or business Industrial
12. Name J. W. Still
13. Birthplace Galton Ill.
14. Maiden name Anna L. Taylor
15. Birthplace Raytown Mo.

Of autopsy See Above
Underline the cause to which death should be charged statistically.

16. (a) Informant General Hospital
(b) Address 237 Mc Coy St
17. (a) Rural (b) Date thereof 9-23-44
(c) Place: burial or cremation Liberty Mo.
18. (a) Signature of funeral director Morton Funeral H.
(b) Address North Tappan City Mo.
19. (a) 2-21-44 (b) T. E. Brown

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify type of case) Accident 123
(b) Date of occurrence Feb. 18 1944
(c) Where did injury occur? Stoutland Mo.
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? yes (Specify type of place) Plant
(e) Means of injury _____
23. Signature A. E. Hooper (M. D. or other) M. D.
Address 237 Mc Coy Date signed 2/20/44

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 Nancy E. Bugman

Licensed Embalmer No. 2041

P. O. Address KC. 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.