

S. No. 2
DM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF HEALTH
BUREAU OF THE CENSUS
FILED MAY 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13841
Registrar's No. 1664

Registration District No. 149 Primary Registration District No. 1007

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: W. C. General Hospital No. 1
(d) Length of stay: In hospital or institution 3 days
In this community unknown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 560 Oak
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME John Rich
3. (b) If veteran, name war no
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 8 year 1944 hour 6 minute 50 P.M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife unk
6. (c) Age of husband or wife if alive years
7. Birth date of deceased November 29 1861

21. I hereby certify that I attended the deceased from April 5, 1944 to April 8, 1944 that I last saw him alive on April 8, 1944 and that death occurred on the date and hour stated above. Immediate cause of death Cerebral hemorrhage

8. AGE: Years 82 Months 4 Days 9

Duration
Due to
Due to
Other conditions
Major findings: Of operations
Of autopsy None

9. Birthplace Kentucky

10. Usual occupation none
11. Industry or business
12. Name
13. Birthplace
14. Maiden name
15. Birthplace

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

16. (a) Informant Record Clerk
(b) Address W. C. General Hospital No. 1
17. (a) Burial (b) Date thereof 4-14-44
(c) Place: burial or cremation Lee's
18. (a) Signature of funeral director
(b) Address
19. (a) Date received local registrar (b) Registrar's signature

23. Signature A. E. Upsher M.D. Address Med. Dir. Gen'l Hosp. Date signed 4-10-44

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.....
....., 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.