V. S. No. 2
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Rev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 2 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23651

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2952

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: NEUROLOGICAL HOSPITAL-2625 PASEO
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 wk (Specify whether
In this community 28 YEARS (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 38
(If outside city or town limits, write "RURAL")
(d) Street No. 515 Wabash AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mrs. Elizabeth V. Cropper
3. (b) If veteran, name war No
3. (c) Social Security No. 492-18-0887
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife MR. Roy W. Cropper
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased October (Month) 12 (Day) 1889 (Year)

8. AGE: Years 54 Months 9 Days 3 4 If less than one day hr. min.

9. Birthplace Carrollton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Samuel Vaughan
13. Birthplace Unknown (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Sally Smith
15. Birthplace Carrollton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant Mrs. C. A. Gallagher
(b) Address 308 South Van Brunt
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 18 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Carrollton, Mo.
18. (a) Signature of funeral director D. W. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 7-17-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JULY day 16TH year 1944 hour 7 minute 12 A. M.
21. I hereby certify that I attended the deceased from ..., to ..., 19...; that I last saw h... alive on ... Deputy Coroner, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Fatal hemorrhage from
Due to radial artery & vein
Due to Self inflicted wounds.
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations 164 d
Of autopsy See Above

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) Suicide
(b) Date of occurrence July 16, 1944
(c) Where did injury occur? Kansas City (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Hospital (Specify type of place)
While at work? NO (e) Means of injury Trauma
23. Signature A. E. Ussher (M. D. or other) MD
Address 23 McCoy Date signed 7/16/44

(Licensed Embalmer's Statement on Reverse Side)

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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K 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.