V. S. No. 2
100M—5-43
Rev. 5-17-39
I X3

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26737

FILED AUG 23 1944

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3316

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

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: 107 North Drury
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ——— (Specify whether
In this community 40 years
years, months or days)

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. 107 North Drury
(If rural, give location)
(e) Citizen of foreign country? ——— (Yes or No)
If yes, name country ———

3. (a) PRINT FULL NAME Mrs. Gladys A. Bounds

3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Walter H. Bounds, Sr
6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased July (Month) 3 (Day) 1897 (Year)

8. AGE: Years 47 Months 1 Days 8 If less than one day ——— hr. ——— min.

9. Birthplace Rich Hill (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business At Home

FATHER
12. Name Long Tann
13. Birthplace Belton (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Maud Unknown
15. Birthplace ——— (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Walter H. Bounds, Sr
(b) Address 107 North Drury
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 14, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery
18. (a) Signature of funeral director D. H. Newcomer Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 8-12-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 11 year 1944 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from 8/10, 1944, to Aug 11, 1944 that I last saw h——— alive on ———, 19——; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Haemorrhage	1 day
Due to: arteriosclerosis	—
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

83a

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? ——— (Specify type of place)
While at work? ——— (e) Means of injury ———

23. Signature R. H. Williams (M. D. or other)
Address 5400 St John Ave Date signed 8/11/44
R. C. Mo

361 (Licensed Embalmer's Statement on Reverse Side)

Mr. R.A. Williams
5400 St John
Be 2659
3-6

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 E. Oscar Worthey

Licensed Embalmer No. 1767

P. O. Address Kansas City 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.