S. No. 2
M—8-43
5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 2 1944

Registration District No. 1449

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30204

Primary Registration District No. 1002

Registrar's No. 3769

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 3 days (Specify whether years, months or days)
In this community: 53 years

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.: 1222½ Campbell
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country:

3. (a) PRINT FULL NAME: Milton Lister
3. (b) If veteran, name war: no
3. (c) Social Security No. 490-24-1049
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Lola Lister
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: November (Month) 13th (Day) 1890 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	10	1	hr. min.

9. Birthplace: Kansas City (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: Stone Mason
11. Industry or business:
FATHER 12. Name: John C. Lister
FATHER 13. Birthplace: Macon County, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name: Anna Katherine Braddick
MOTHER 15. Birthplace: Macon County, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant: Albert F. Lister
(b) Address: 4500 Bell Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9-18-44 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Cemetery
18. (a) Signature of funeral director: Freeman Mortuary
(b) Address: Kansas City, Mo.
19. (a) 9-18-44 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 14 year 1944 hour 11 minute 15 P. M.
21. I hereby certify that I attended the deceased from Sept. 11, 1944 to Sept. 14, 1944; that I last saw him alive on Sept. 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral hemorrhage	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations:
Of autopsy: None

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: A. E. Upner (M. D. or Coroner)
Address: Med. Dir. Gen'l Hosp. Date signed: 9-15-44

361

(Licensed Embalmer's Statement on Reverse Side)

APR 1 1949

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 Joseph R. Hunt, Registered Apprentice No. 364, working under my personal supervision.

Signed Walter H. Erwin

Licensed Embalmer No. 4352

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.