S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED DEC 22 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40402

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5062

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 Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ___ (Specify whether years, months or days)
In this community 30 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 42

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 814 E. 12
(If rural, give location)

(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country China

3. (a) PRINT FULL NAME Chiu Wah

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex M 0

5. Color or race W

6. (a) Single, widowed, married, divorced S U

6. (b) Name of husband or wife ___

6. (c) Age of husband or wife if alive ___ years

7. Birth date of deceased unknown (Month) (Day) (Year)

8. AGE: Years 61 Months Days If less than one day ___ hr. ___ min.

9. Birthplace ___ (City, town, or county) China 7 (State or foreign country)

10. Usual occupation none

11. Industry or business ___

FATHER
12. Name Don't Know
13. Birthplace ___ (City, town, or county) China 7 (State or foreign country)

MOTHER
14. Maiden name Dont Know
15. Birthplace ___ (City, town, or county) China 1 (State or foreign country)

16. (a) Informant Toy Jung
(b) Address K. C. Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12/13/44 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Park K. C. Ks

18. (a) Signature of funeral director Carroll- Davidson
(b) Address 3024 Troost

19. (a) 12-13-44 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9 year 1944 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from Dec. 4, 1944, to Dec. 9, 1944; that I last saw him alive on Dec. 9, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: Acute circulatory failure

Due to: Hypoproteinemia

Due to: Cl. nurchis Senensis (Liver Fluke)

Other conditions ___ (Include pregnancy within 3 months of death)

Major findings: Of operations 42:4

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) ___

(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 0

23. Signature A. E. Upsher (M. D. or other) MD

Address 23 McCoy Date signed 12/12/44

(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 Kathryn E. Davidson

Licensed Embalmer No. 3648

P. O. Address Kansas City

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.