No. 2
-2-43
-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED FEB 6 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1471

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 250

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:
921 Paseo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community 20 Yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 921 Paseo 8
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country 11

3. (a) PRINT FULL NAME Chris Talbot

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widower 2

6. (b) Name of husband or wife Johanna Talbot

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

7. Birth date of deceased Jan 31 1880
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
64	11	12	hr. min.

9. Birthplace (City, town, or county) Denmark 4 (State or foreign country)

10. Usual occupation Retired ~~Fireman~~ farmer

11. Industry or business

FATHER
12. Name Talbot
13. Birthplace No Record 0
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Norecord
15. Birthplace No record 0
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Chris Nelson
(b) Address Chicago Illinois

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan 16 1945
(Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn Cem

18. (a) Signature of funeral director Mrs C.L. Forster
(b) Address 918 Brooklyn

19. (a) 1-16-45 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 13
year 1945 hour 2:20 minute P M.

21. I hereby certify that I attended the deceased from
, 19, to , 19;
that I last saw h alive on Coroner 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Suicide by Hanging

Due to

Due to 164 a

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations History & Inspection
Of autopsy no

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 1-13-1945

(c) Where did injury occur? 921 Paseo Kc Jackson Mo
(City or town) (County) (State)

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

While at work? no (e) Means of injury Rope

23. Signature James C Walker 3 (M. D. or other) Coroner

Address 1424 Profen Mdy Date signed 1-14-45

(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 F. S. Walton

Licensed Embalmer No. 2744

P. O. Address K.C. MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.