

U.S. No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945
199

THE STATE BOARD OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

12119

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1785

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:
General Hosp. No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 months
(Specify whether years, months or days)
 In this community 69 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. 3237 Gillham Road
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Douglas, Georgia
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month April day 21, 1945
 year _____ hour 1 minute 03 p.m.
 21. I hereby certify that I attended the deceased from February 21, 1945 April 21, 1945.
 that I last saw her alive on April 21, 1945
 and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife John L. Douglas
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Sept. 28th 1869
(Month) (Day) (Year)

Immediate cause of death Bronchial Pneumonia
 Duration _____
 Due to _____
 Due to _____
 Other conditions (include pregnancy within 3 months of death) 107

8. AGE: Years 76 Months 6 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Canolton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business _____
 12. Name William S. Kennedy
 13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
 14. Maiden name Abi Ashbrook
 15. Birthplace Kentucky
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Miss Nellie Kennedy
 (b) Address 3237 Gillham Road
 17. (a) Burial (b) Date thereof 4-23-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation mt moriah

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? _____

18. (a) Signature of funeral director Therman Mortuary
 (b) Address Kansas City, Mo
 19. (a) 4-21-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury _____
 23. Signature Clark W. Seely
 Address Gen. Hosp. Date signed _____
(M.D. or other)

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

MOTHER FATHER

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..... *Elmer C. Medelir*.....

Licensed Embalmer No..... *3495*.....

P. O. Address..... *W. 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.