V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 1 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 26379

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3505

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

1. PLACE OF DEATH:
(a) County Jackson Co.
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution St Luke's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 min. (Specify whether
In this community (years, months or days) same 55 min

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County 13
(c) City or town Hamilton 1
(If outside city or town limits, write "RURAL")
(d) Street No. ✓ 0
(If rural, give location)
(e) Citizen of foreign country? No 1 (Yes or No)
If yes, name country ✓

3. (a) PRINT FULL NAME Kathleen Cox
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 Leonard B
6. (c) Age of husband or wife if alive 28 years
7. Birth date of deceased November 2, 1924 (Month) (Day) (Year)

8. AGE: Years 20 Months 9 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Missouri (State or foreign country)
10. Usual occupation housewife
11. Industry or business —
FATHER
12. Name Virgil A Trooper
13. Birthplace (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Opal Oneal
15. Birthplace (City, town, or county) Tennessee (State or foreign country)
16. (a) Informant Leonard B. Cox
(b) Address Hamilton Mo.
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 8-21-45 (Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Mo
18. (a) Signature of funeral director Irene McClure
(b) Address 3235 Bellham Plaza KC Mo.
19. (a) 8-21-45 (Date received local registrar) (b) Geraldine Homer (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 21st year 1945 hour One minute 40 a.m.
21. I hereby certify that I attended the deceased from 12:45 am to 1:40 am on 19 , to Aug 21 1945; that I last saw her alive on Aug 21 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Parturition Eclampsia and ~~[illegible]~~

Due to 8 months pregnancy

Due to no delivery

Other conditions (Include pregnancy within 3 months of death) 148c

Major findings:
Of operations
Of autopsy Liver necrosis + Kidney — Nephritis (acute)

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 —

23. Signature Paul A Gempel (M. D. or other)
Address 315 Alameda Road Kansas City Mo Date signed Aug 8/21/1945

(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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. 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.