

S. No. 2  
DM-5-43  
v. 5-17-39  
I X36671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32930

FILED NOV 14 1945

State File No. ....

Registration District No. 142

Primary Registration District No. 1002

Registrar's No. 4428

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

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City  
(c) ~~Name of hospital or institution:~~  
General Hospital 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community Unknown years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson <sup>48</sup>  
(c) City or town Kansas City MO <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>  
(d) Street No. Unknown (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME John Talbott  
3. (b) If veteran, name war World War One  
3. (c) Social Security No. 441-16-4770

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Oct day 19  
year 1945 hour 7 minute 40 A. M.

4. Sex M 5. Color or race W  
6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife \_\_\_\_\_  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 21 1890  
(Month) (Day) (Year)

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

8. AGE: Years 55 Months 4 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Coronary sclerosis  
Due to Coronary sclerosis

9. Birthplace Peach Hill MO (City, town, or county) (State or foreign country)  
10. Usual occupation Cook

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 9/12

11. Industry or business \_\_\_\_\_  
12. Name Unknown  
13. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)  
14. Maiden name \_\_\_\_\_  
15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy yes - as above

16. (a) Informant Coroner Office  
(b) Address Kansas City MO  
17. (a) Removal (b) Date thereof Oct 29 45  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Wadsworth Kansas  
18. (a) Signature of funeral director Pasquon's Bros  
(b) Address Kansas City MO  
19. (a) 10-27-45 (b) Geraldine Holme  
(Date received local registrar) (Registrar's signature)

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?  
While at work? \_\_\_\_\_ (Specify type of place) (2) Means of injury? Car

23. Signature J. J. [unclear] (M. D. or other) Car  
Address 1924 [unclear] Date signed 10 27 45

DEC 29 1945

**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.....

*Francis Walter*

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 with the above constitutes grounds for revocation of license.)**

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