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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED DEC 6 1945

State File No. 36459

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4789

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~~: RESEARCH HOSPITAL O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 50 MINUTES (Specify whether
In this community 15 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County CLAY 24

(c) City or town RURAL 0
(If outside city or town limits, write "RURAL")

(d) Street No. R.R.#10 NORTH KANSAS CITY O
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No) 1

If yes, name country

3. (a) PRINT FULL NAME MR ROY JENNINGS WRITESMAN

3. (b) If veteran, name war NO

3. (c) Social Security No. 510-07-8496

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of ~~husband~~ or wife MRS. JENNIE MAE WRITESMAN

6. (c) Age of husband or wife if alive 31 years

7. Birth date of deceased FEBRUARY (Month) - 14 (Day) - 1911 (Year)

8. AGE:

Years	Months	Days	If less than one day
34	9	5	hr. min.

9. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation CARPENTER

11. Industry or business

FATHER
12. Name WALTER KIRK WRITESMAN
13. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name OLLIE MAY DOCKERY
15. Birthplace CLAY COUNTY (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. JENNIE MAE WRITESMAN

(b) Address R.R.#10. NORTH KANSAS CITY, MO

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV-21-1945 (Month) (Day) (Year)

(c) Place: burial or cremation CROWN HILL CEMETERY EXCELSIOR SPRINGS, MO.

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 11-21-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month NOVEMBER day 19TH year 1945 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from on NOV. 99, 1945, 19, to, 19; that I last saw him alive on NOV. 19, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bacterial Endocarditis (n. m. o.)	?
Due to	
Due to	
91 C	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations

Of autopsy see above

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 [signature] (M. D. or other) M.D.

Address N.K.C. MO Date signed 11-20-45

(Licensed Embalmer's Statement on Reverse Side)

20 P. Community Bldg.
North Kansas City
10-12, 2-5:30

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 Earl Rapp

Licensed Embalmer No. 3458

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.