

No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE
BUREAU OF VITAL RECORDS
FILED MAR 13 1948 THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5725

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 950

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:
2444 Chestnut 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 5 months
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson ⁴⁸

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") ⁸

(d) Street No. 2924 Wendice
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Mary E. Long

3. (b) If veteran, name war no

3. (c) Social Security No. no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 19
year 1946 hour 7 minute 15 P.M.

21. I hereby certify that I attended the deceased from 10-25-45 to 2-19-46
that I last saw him alive on 2-18
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race negro

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

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

7. Birth date of deceased: 87 (Month) 27 (Day) 1870 (Year)

Immediate cause of death Pericardium of Umbilicus

Duration 196

8. AGE: Years 75 Months 5 Days 22 hr. _____ min. _____

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

10. Usual occupation House Work

11. Industry or business at Home

12. Name Ezekiel Johnson

13. Birthplace Wakenown
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Gilbert

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

16. (a) Informant Christina Neal

(b) Address 2448 Chestnut

17. (a) Burial (b) Date thereof 2-23-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn

18. (a) Signature of funeral director Mrs. J. N. Jones

(b) Address 440 State Ave

19. (a) 2-25-46 (b) Terddine Holmes
(Date received local registrar) (Registrar's signature)

Due to _____

Due to _____

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 53

Of autopsy _____

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? Y

While at work? _____ (Specify type of place) (e) Means of injury 1

23. Signature C. W. Plegard (M. D. or other) _____
Address 1512 N. State Date signed 2-22-46

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

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 *Eugene English*.....

Licensed Embalmer No. *4684105*

P. O. Address. *440 State Ave. N.C.*

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.