

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

9326
State File No. 10528

FILED APR 2 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1304

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
In this community 11 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 5016 Thompson
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME WILLIAM H. CESSNA
(b) If veteran, name war none
(c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 16
year 1946 hour 4 minute 50 A.M.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
(b) Name of husband or wife Vina Cessna
6. (c) Age of husband or wife if alive 2 years
7. Birth date of deceased January 4 1871
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him alive on _____, 19____;
and that death occurred at the date and hour stated above.
Immediate cause of death Fracture of Skull Duration _____

8. AGE: Years Months Days If less than one day
75 2 12 hr. min.

Due to auto Trauma
Due to auto & pedestrian
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 170C-8
Of operations: 21

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

10. Usual occupation Retired Horse Trainer

11. Industry or business Unknown

MOTHER FATHER {
12. Name Unknown
13. Birthplace _____
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

Of autopsy See Above
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant James F. McLaughlin

(b) Address 5016 Thompson

17. (a) Removal (b) Date thereof 3-18-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Macon Missouri

18. (a) Signature of funeral director Geo. C. Carson Funeral Home

(b) Address Independence Missouri

19. (a) 3-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide Accident 123
(b) Date of occurrence 3/17/46
(c) Where did injury occur? Kansas City Mo
(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? No (e) Means of injury Trauma
Signature A. G. Fisher M.D. (M.D. or D.O.)
Address 2809 Main Date 3/17/46

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.....

George J. Carson

Licensed Embalmer No.

2249

P. O. Address.....

Independence 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.