S. No. 2
0M—5-43
v. 5-17-39
I X36671

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

State File No. 23609

Registration District No. FILED JUL 31 1946 Primary Registration District No. 1002 Registrar's No. 3029

**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: 5534 Woodland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 33 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 5534 Woodland 8
(If rural, give location) 0
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Francis C. George

3. (b) If veteran, name war No.

3. (c) Social Security No. no.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Marie George

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

7. Birth date of deceased October (Month) 20 (Day) 1873 (Year)

8. AGE: Years 72 Months 8 Days ~~20~~ 19 If less than one day hr. min.

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

10. Usual occupation Christian Science Practitioner

11. Industry or business x

FATHER
12. Name Augustus P. George
13. Birthplace New York (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name M. Crary
15. Birthplace New York (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Barbara Henderson
(b) Address 5534 Woodland, Kansas City, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-11-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 9
year 1946 hour 4:00 minute A. M.

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.

Immediate cause of death Deputy Coroner Coronary Arteriosclerosis

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

94a

Major findings:
Of operations
Of autopsy History & Inspection

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 A. E. Ussher (M. D. or other) Mo.
Address 3800 Main Date signed 7/9/46

(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 J. Clair Sheppard

Licensed Embalmer No. 4179

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.**