DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 7 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40745

Primary Registration District No. 1002

Registrar's No. 5416

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1-DAY (Specify whether
In this community 4 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County CLAY
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. R.R. #10, NORTH KANSAS CITY
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. WILLIAM EARL MEDLIN

3. (b) If veteran, name war NO

3. (c) Social Security No. 495-09-6713

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of ~~husband or~~ wife MRS. DOROTHY MEDLIN

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased AUGUST (Month) 11 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
46	4	12	hr. min.

9. Birthplace CAVE SPRINGS (City, town, or county) ARKANSAS (State or foreign country)

10. Usual occupation FOREMAN - STONESETTER

11. Industry or business

FATHER
12. Name W. R. MEDLIN
13. Birthplace ARKANSAS (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ARIZONA KIRK
15. Birthplace ARKANSAS (City, town, or county) (State or foreign country)

16. (a) Informant MRS. DOROTHY MEDLIN
(b) Address R.R. #10 NORTH KANSAS CITY, MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-26-1946 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 12-26-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 23RD year 1946 hour 2 minute 45 A.M.

21. I hereby certify that I attended the deceased from 12-18-46, 19..., to death, 19...; that I last saw him alive on 12-22-46, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death Bacterial endocarditis — Duration 6 wks

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Vegetations on the mitral valve. Negative for acute lesions of the

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 [illegible] M.D. (M. D. or other)
Address NKC, Mo. Date signed 12-23-46

(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. Melvin Miller

Licensed Embalmer No. 4407

P. O. Address. Kansas City, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp the above constitutes grounds for revocation of license.)

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