

S. No. 2
-12-45
5-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9010**
Registrar's No. **1447**

FILED APR 8 1947
199

Registration District No. _____ Primary Registration District No. **1002**

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 **3 DAYS**
In this community **24 YEARS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **RURAL**
(If outside city or town limits, write "RURAL")
(d) Street No. **96TH + RAYTOWN ROAD - RR #2 Hickman Mills**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **MR. EMMITT EARL DEAN**
(b) If veteran, name war **WORLD WAR I**
(c) Social Security No. **493-26-0207**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **26TH**
year **1947** hour **3** minute **45 A.M.**

4. Sex **MALE** 5. Color or race **WHITE**
6. (a) Single, widowed, married, divorced **MARRIED**
(b) Name of husband or wife **MRS. EDITH DEAN**
(c) Age of husband or wife if alive **55** years
7. Birth date of deceased: **FEBRUARY 1 1884**
(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 on the date and hour stated above.

8. AGE: Years **63** Months **1** Days **25**
If less than one day _____ hr. _____ min.

Immediate cause of death **Cerebral Edema**
Duration _____

9. Birthplace: **RANDOLPH KANSAS**
(City, town, or county) (State or foreign country)

Due to **auto train non collision**
Due to **car forced off road by another car**

10. Usual occupation **BARBER**

Other conditions (Include pregnancy within 3 months of death) **1700 28**

11. Industry or business **PASEO BARBER SHOP**

Major findings: Of operations _____

12. Name **ZACHARY T. DEAN**

Of autopsy **yes - as above**

13. Birthplace **WHEELING WEST VIRGINIA**
(City, town, or county) (State or foreign country)

14. Maiden name **ALICE V. ALLEE**

15. Birthplace **DE KALB MISSOURI**
(City, town, or county) (State or foreign country)

16. Informant **Edith Dean**

17. (a) **BURIAL** (b) Date thereof **MAR 31 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **FLORAL HILLS CEMETERY**

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

(b) Address **1401 - BRUSH CREEK BLVD**

19. (a) **3-28-47** (b) **S. Geraldine Holman**
(Date received local registrar) (Registrar's signature)

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) **accident / 103**
(b) Date of occurrence **3-12-47**
(c) Where did injury occur? **Jackson Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? **no** (Specify type of place) (e) Means of injury **auto train**
23. Signature **J. M. Walker** (M. D. or other) **Comer 3**
Address **1474 N. 1st St** Date signed **3-27-47**

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

MOTHER FATHER

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..... *Emile M. Calhoun*

Licensed Embalmer No. *3506*

P. O. Address..... *KC 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.