

S. No. 2
M-12-45
v. 17-39
K47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9044**
Registrar's No. **1235**

Registration District No. **149** 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: **GENERAL HOSPITAL NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **7 DAYS**
In this community **45 YRS.**
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **2121 E. 10TH. ST.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **SANDY ESCUE**
(b) If veteran, name war **No**
(c) Social Security No. **487-10-8759**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **MARCH** day **17**,
year **1947** hour **12:** minute **05 A.M.**
21. I hereby certify that I attended the deceased from **MARCH**
10, 19 **47**, to **MARCH** **17**, 19 **47**
that I last saw **IM** alive on **MARCH** **17**, 19 **47**
and that death occurred on the date and hour stated above.

4. Sex **MALE** 2 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced, **WIDOWED**
6. (b) Name of husband or wife **Susie Escue**
6. (c) Age of husband or wife if alive **_____** years
7. Birth date of deceased **FEBRUARY 10, 1883**
(Month) (Day) (Year)

Immediate cause of death **UREMIA** Duration
Due to **ARTERIO-NEPHROSCLEROSIS**
Due to **GENERALIZED ARTERIOSCLEROSIS**

8. AGE: Years **64** Months **1** Days **7**
If less than one day hr. min.

Other conditions **HYPERTENSIVE HEART DISEASE**
(Include pregnancy within 3 months of death)
Major findings:
Of operations **1512**
Of autopsy

9. Birthplace **Hannibal MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **COMMON LABORER**

11. Industry or business
12. Name **SANDY ESCUE SR.**
13. Birthplace **MISSOURI**
(City, town, or county) (State or foreign country)
14. Maiden name **HULDA**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant **ZELLA M. KEMP (COUSIN)**
(b) Address **1438 E. 13th St.**

17. (a) **Burial** (b) Date thereof **3/20/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

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?

18. (a) Signature of funeral director **Watkins Bros.**
(b) Address **1729 Lydia Avenue**
19. (a) **3-18-47** (b) **Doraldine Holmes**
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **3/17/47**

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 *J. Jerome Manly*
Licensed Embalmer No. *3994*
P. O. Address *2503 Highland*

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.