

U.S. No. 2
FORM-5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registrar's No.

Registration District No. 149

Primary Registration District No. 1062

1. PLACE OF DEATH: Jackson

(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. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 1 mo. 8 days
(Specify whether years, months or days) 37 years

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson 48

(c) City or town: Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No.: 505 1/2 E. 12 St. 8
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Eugend Edgar George

3. (b) If veteran, name war: Regular Army

3. (c) Social Security No.: 487-09-9990

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: May day: 23
year: 1947 hour: 9 minutes: 50 P. M.

4. Sex: Male 0

5. Color or race: White

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

6. (b) Name of husband or wife: Unknown

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

7. Birth date of deceased: 8 26 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 15 1947 to May 23 1947, that I last saw him alive on May 23 1947, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	57	8	27	hr. min.

Immediate cause of death: Carcinoma of stomach with metastasis to liver & pulmonary oedema

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

10. Usual occupation: Carpenter

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death): 4 1/2

11. Industry or business:

12. Name: Ulysess George

13. Birthplace: Missouri (City, town, or county) (State or foreign country)

14. Maiden name: Mary Summers

15. Birthplace: Missouri (City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations: See above

Of autopsy:

16. (a) Informant: Mr. Farley George
(b) Address: 1307 Ralston

17. (a) Burial (b) Date thereof: 5-27-1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Green Lawn

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? 0

18. (a) Signature of funeral director: Mrs. C. L. Forster
(b) Address: Kansas City, Missouri

19. (a) 5-27-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place)

(e) Means of injury: 0

23. Signature: Wm W. Hart (M. D. or other) 5-24-47
Address: Med. Dir. Gen'l Hosp. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Hubbard

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..... *Dean Owens*

Licensed Embalmer No..... *4280*

P. O. Address..... *918 Brooklyn
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.