

3. No. 2
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5-17-39
X4730

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 14 1947

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21117
Registrar's No. 2799

Registration District No. 147 Primary Registration District No. 1001

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution:
1190 E. 77 Terrace
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No.
In this community 44 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town 1190 E 77 Terrace
(If outside city or town limits, write "RURAL")
(d) Street No. Kansas City Mo
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME Justin E. Page
(b) If veteran name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 29
year 1947 hour 11 minute 59 P.M.
21. I hereby certify that I attended the deceased from 1940 to June 29 1947
that I last saw him alive on June 29 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Hattie J. Page nee
7. Birth date of deceased 7 25 1851
(Month) (Day) (Year)

Immediate cause of death: Arterio sclerosis with myocardial exhaustion
Duration: 2 weeks

8. AGE: Years 95 Months 11 Days 4
If less than one day hr. min.

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

10. Usual occupation: Retired

11. Industry or business: Retired
12. Name: John E. Page
13. Birthplace: New York
14. Maiden name: Mary Judd
15. Birthplace: Canada

Due to...
Due to...
Other conditions: (Include pregnancy within 3 months of death)

MOTHER FATHER

16. (a) Informant: Walter J. Page
(b) Address: 1190 E 77 Terrace

Major findings: Of operations: 97
Of autopsy:

17. (a) (b) Date thereof: 7/11/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Washington

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: Stone - M. Clure
(b) Address: 77 Kansas City, MO

While at work? (Specify type of place) (e) Means of injury: 0

19. (a) 7-1-47 (b) (c) Registrar's signature: (d) Registrar's name: (e) Registrar's address: 1211 Realta Bldg

23. Signature: Herbert Tutthill (M. P. or other) Date signed: July 1-47

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

W. J. Smith
Vicente Body

Age 6-16-4
Posi. - VI 5832

1037
W. H. S. T. Co.

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 [Signature]
Licensed Embalmer No. 1415
P. O. Address 19, C, W. D.

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.