

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 19 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24233**
Registrar's No. **2920**

Registration District No. **149** Primary Registration District No. **1002**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **KANSAS CITY**
(c) Name of hospital or institution:
1105 Lydia St 1
(d) Length of stay: **6 days**
In this community **6 days**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(d) Street No. **1105 Lydia St.**
(e) Citizen of foreign country? **No**

3. (a) PRINT FULL NAME **Calvin Coolidge James**
3. (b) If veteran, name war **no**
3. (c) Social Security No. **none**

4. Sex **Male** 5. Color or race **Wg. 70**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive
7. Birth date of deceased **June 30, 1947**

8. AGE: Years - Months Days If less than one day
INFANT - 6 - hr. min.

9. Birthplace **KANSAS CITY, MO.**
10. Usual occupation **None - INFANT**

MOTHER FATHER

11. Industry or business
12. Name **FRANK JAMES**
13. Birthplace **KANSAS CITY, KANSAS**
14. Maiden name **GLADYS ST. JES**
15. Birthplace **HILL CITY, KANS.**

16. (a) Informant **FRANK JAMES**
(b) Address **1105 Lydia St.**
17. (a) **BURIAL** (b) Date thereof **JULY 9, 1947**
(c) Place: burial or cremation **Highland Cem.**

18. (a) Signature of funeral director **Edgar Perry**
(b) Address **1513 Troost Ave**
19. (a) **7-9-47** (b) **Geraldine Holmes**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **6**, year **47** hour **7** minute **A.** M.
21. I hereby certify that I attended the deceased from **Deputy Coroner** that I last saw **alive** and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure (n.m.o.)**
Due to **Brachio-Pneumonia**

Other conditions (Include pregnancy within 3 months of death) **107**

Major findings: Of operations
Of autopsy **no - Perint**

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (c) Means of injury
23. Signature **William** (M. D. or other)
Address **2636 - Brooklyn** Date signed **7-9-47**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *C. C. Davis*.....

Licensed Embalmer No. *4417*.....

P. O. Address..... *T. 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.