

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

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FILED OCT 4 1947

Registration District No. 177

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31126

Registrar's No. 4009

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. 20
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... **79 DAYS**
(Specify whether)

In this community..... **20 YRS.**
years, months or days)

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..... **704 E. 6th St.**
(If rural, give location)

(e) Citizen of foreign country?..... **NO** (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME..... **VANETTA BUSSEY CALDWELL**

3. (b) If veteran, name war..... **NO**

3. (c) Social Security No. **None**

4. Sex..... **FEMALE**

5. Color or race..... **NEGRO**

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..... **APRIL 23, 1900**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
47	24	227	hr. min.

9. Birthplace..... **AUGUSTA ARKANSAS**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **AT HOME**

11. Industry or business.....

12. Name..... **JOHN DENWOODIE**

13. Birthplace..... **ARKANSAS**
(City, town, or county) (State or foreign country)

14. Maiden name..... **IDA**

15. Birthplace..... **ARKANSAS**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **PEARL JACKSON (DAUGHTER)**

(b) Address..... **704 E. 6th St.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof..... **9-24-1947**
(Month) (Day) (Year)

(c) Place: burial or cremation..... **Lincoln Cem. Adkins Bros.**

18. (a) Signature of funeral director..... **Adkins Bros.**

(b) Address..... **2000 E. 12th St. C. Mo.**

19. (a) **9-22-47** (Date received local registrar) (b) **Theraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **SEPTEMBER** day..... **20,** year..... **1947** hour..... **7:** minute..... **15 A.** M.

21. I hereby certify that I attended the deceased from..... **JULY 3,** 19..... **47** to..... **SEPTEMBER 20,** 19..... **47** that I last saw h..... **ER** alive on..... **SEPTEMBER 20,** 19..... **47** and that death occurred on the date and hour stated above.

Immediate cause of death..... **BRONCHIOGENIC CARCINOMA**

Due to.....

Due to.....

Other conditions..... **470**

(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy..... **SAME AS ABOVE**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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?..... (Specify type of place)

While at..... (Specify means of injury)

23. Signature..... **Theraldine Holmes** (M. D. or other)..... **M.D.**

Address..... **GENERAL HOSPITAL NO. 2** Date signed..... **9/22/47**

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..... *A. T. Moore*

Licensed Embalmer No..... *948*

P. O. Address.....

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.