

No. 2
1-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

FILED NOV 24 1947

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

38215

State File No. _____

Registrar's No. 4624

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:
514 1/2 Main
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 15 years years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 514 1/2 Main
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME PAUL MACK HUREN
3. (b) If veteran name was Do not know
3. (c) Social Security No. 494-05-4834

20. DATE OF DEATH: Month Nov day 4
year 1947 hour 2 minute 35 P.M.

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Coronary Insufficiency
Interoesclerosis

7. Birth date of deceased Do not know
(Month) (Day) (Year)
8. AGE: Years 58 Months _____ Days _____ If less than one day _____ hr. _____ min.

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

9. Birthplace Unknown
(City, town, or county) (State or foreign country)
10. Usual occupation Painter

Major findings: 75C
Of operations _____
Of autopsy no
History of Inspection

11. Industry or business Do
12. Name not known
13. Birthplace known
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace known
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Tom Danewick
(b) Address 611 Central KCR
17. (a) Removal (b) Date thereof 11/6/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Calvary KCR
18. (a) Signature of funeral director Paacantio of Blue
(b) Address 2117 Indep. Blvd.

19. (a) 11-5-47 (b) Geraldine Holmes
(Date received by registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury 3
23. Signature Geraldine Holmes (M. D. or other) Down
Address 1424 W. 11th Date signed 11-5-47

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

MOTHER FATHER

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

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.....

Leonard C. Passantino....., Registered Apprentice No. *62*.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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.