S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED DEC 26 1947

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 41935

Registrar's No. 5182

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~~: KC GENERAL HOSPITAL No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or ~~institution~~ 1 DAY (Specify whether
In this community 25 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48 3
(c) City or town KANSAS CITY 0 5
(If outside city or town limits, write "RURAL")
(d) Street No. 3529 McGEE STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. ROY B. SOUTHERN
3. (b) If veteran, name war No
3. (c) Social Security No. 338-07-9530
4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of ~~husband~~ or wife MRS. ZAPHIA SOUTHERN
6. (c) Age of husband or wife if alive 64 years
7. Birth date of deceased AUGUST (Month) - 21 (Day) - 1885 (Year)

8. AGE: Years 62 | Months 3 | Days ~~12~~ 16 | If less than one day ___ hr. ___ min.

9. Birthplace SHERMAN (City, town, or county) TEXAS (State or foreign country)
10. Usual occupation RETIRED - 2 YEARS SALESMAN
11. Industry or business SINGER SEWING MACHINE Co
FATHER
12. Name CHARLES SIMEON SOUTHERN
13. Birthplace ST. LOUIS (City, town, or county) MISSOURI (State or foreign country)
MOTHER
14. Maiden name EMMA BROOKS
15. Birthplace (City, town, or county) VIRGINIA (State or foreign country)
16. (a) Informant MRS. ZAPHIA SOUTHERN
(b) Address 3529 McGEE STREET
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof DEC-9-1947 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 - BRUSH CREEK BLVD.
19. (a) 12-9-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 7TH year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1947 to 7 Dec 1947 that I last saw him alive on 7 Dec 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Congestive Heart Failure

Due to Hypertensive Heart Disease

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 93 D
Of autopsy

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 work? (e) Means of injury

23. Signature Jack M. Nance (M. D. or other) MD
Address 306 E 12 Date signed 8 Dec

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 Edward M. Storey

Licensed Embalmer No. 4452

P. O. Address 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.