No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 27 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1146
Registrar's No. 184

Registration District No. 149 Primary Registration District No. 1002

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: 36th and Paseo 4 Conv. Home.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 35 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Rural 0
(If outside city or town limits, write "RURAL")
(d) Street No. Lake Tapawingo, 205 A. 0
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 1
If yes, name country x

3. (a) PRINT FULL NAME Arthur John Izzard, Jr.

3. (b) If veteran, name war no.

3. (c) Social Security No. 487-03-8515

4. Sex male 0

5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Alma J. Izzard

6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased February (Month) 25 (Day) 1902 (Year)

8. AGE: Years 45 Months 10 Days ~~18~~ 17 If less than one day hr. min.

9. Birthplace Chicago, Illinois 1
(City, town, or county) (State or foreign country)

10. Usual occupation Director Industrial Relations

11. Industry or business Sheffield Steel Corporation

FATHER
12. Name Arthur J. Izzard, Sr.
13. Birthplace Canada 2
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora M. Sherman
15. Birthplace Illinois 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Alma J. Izzard
(b) Address Lake Tapawingo, Blue Springs, Mo.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 1-14-48 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-13-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 12
year 1948 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Pathologist to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Circulatory Failure
Due to Metastatic Carcinoma
Due to of the Abdomen
Primary Carcinoma of Urinary Bladder
Other conditions
(Include pregnancy within 3 months of death)

Duration

Major findings:
Of operations
Of autopsy See Above

PHYSICIAN
Underline the cause to 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? As Pathologist 0
(Specify type of place)
While at work? (e) Means of injury

23. Signature A. E. Ussher (M. D. or other) M.D.
Address 2800 Main Date signed 1/12/48

(Licensed Embalmer's Statement on Reverse Side)

Dr. Joseph S. Bennett

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 Robert H Reed

Licensed Embalmer No. 3745

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.