

S. No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12488

FILED APR 24 1948

State File No. 12488

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 1666

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

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: Trinity Luthern Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Hours
32 Years (Specify whether years, months or days)

In this community _____

3. (a) PRINT FULL NAME Calvin Cherry

3. (b) If veteran, name was World War # 1

3. (c) Social Security No. 495-01-9724

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Cassie Cherry

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased 3 20 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

57 0 25 hr. min.

9. Birthplace Obion Tennessee
(City, town, or county) (State or foreign country)

10. Usual occupation Kansas City Public Service Co.

11. Industry or business Asst. Supt. 9th & Brighton Div.

MOTHER FATHER

12. Name Thomas Wm. Cherry

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

14. Maiden name Anna Sims

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

16. (a) Informant Mrs. Cassie Cherry

(b) Address Hickman Mills, Missouri

17. (a) Burial (b) Date thereof 4-17-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City, Mo.

19. (a) 4-16-48 (b) Steraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Hickman Mills
(If outside city or town limits, write "RURAL")

(d) Street No. R.R. (If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1948 hour 2 minute P M.

21. I hereby certify that I attended the deceased from April 15, 1948, to April 15, 1948,
that I last saw him alive on April 15, 1948,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Coronary Occlusion

Duration 3 1/2 day

Due to Probable coronary arterio sclerosis

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations a3d

Of autopsy _____

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Joseph G. Walker (M. D. or other) 0
Address 836 Paul Bldg Date signed 4/15/48

Dr. Jan Wickens
Prof. Betsy
276 5th Pm
836

APR 30 1985

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 A. Herrmann*
Licensed Embalmer No. *3700*
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.