S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1948

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12533

Registration District No. 179

Primary Registration District No. 1602

Registrar's No. 1647

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: 1221 West 21st St. (res. last 15 yrs.)
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community all his life in Greater K.C.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1221 West 21st St. 8
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country .....

3. (a) PRINT FULL NAME Emery George Dexter

3. (b) If veteran, name war no

3. (c) Social Security No. 513-09-1703

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Cleota Dexter

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased June (Month) 28 (Day) 1888 (Year)

8. AGE: Years 59 | Months 9 | Days 16 | If less than one day ..... hr. ..... min.

9. Birthplace Winfield (City, town, or county) Kansas (State or foreign country)

10. Usual occupation pipe man & steam fitter

11. Industry or business Faubion R.L. Co.

FATHER
12. Name George Dexter
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Michaels
15. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

16. (a) Informant Mrs. Cleota Dexter, wife

(b) Address 1221 West 21st St., K.C. Mo.

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

(c) Place: burial or cremation K.C.K. - Woodlawn Cemetery

18. (a) Signature of funeral director Fairweather - Werner

(b) Address Kansas City, Kansas

19. (a) 4-15-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 14 year 1948 hour 7:18 minute A. M.

21. I hereby certify that I attended the deceased from Dec 4, 1947, to April 14, 1948 that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestion Heart Failure

Due to Chr. Interstitial Nephritis

Due to .....

Other conditions .....
(Include pregnancy within 3 months of death)

Major findings:
Of operations .....

Of autopsy .....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

131a

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 S. M. Counsell M.D. (M. D. or other)

Address 708 W 17th St. Date signed 4/14/48

(Licensed Embalmer's Statement on Reverse Side)

Dr C M Counsell
708 W. 17
Ha 3767

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 Augustus C. Werner

Licensed Embalmer No. 2597

P. O. Address Kansas City, Kansas

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.