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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED AUG 26 1948

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26481

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3226

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:
6819 Cleveland Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether
In this community 35 years
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Jackson 4

(c) City or town Kansas City 5
(If outside city or town limits, write "RURAL")

(d) Street No. 6819 Cleveland Avenue 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles A. MIDDLESWORTH

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

3. (c) Social Security No. 487-05-5725

4. Sex male 0

5. Color or race white

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

6. (b) Name of husband or wife Julia A. Middlesworth

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased May (Month) 7, (Day) 1893 (Year)

8. AGE: Years 55 Months 3 Days 0 If less than one day hr. min.

9. Birthplace Harrisonville (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation Employee ( Retired)

11. Industry or business K.C. Insulating Co.

FATHER
12. Name Allen Middlesworth
13. Birthplace Beaver (City, town, or county) Penn. (State or foreign country) 1

MOTHER
14. Maiden name Mahala Farmer
15. Birthplace East Lynne (City, town, or county) Mo. (State or foreign country) 0

16. (a) Informant Mrs. Julia A. Middlesworth

(b) Address 6819 Cleveland. K.C.Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-9-48 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Olivet

18. (a) Signature of funeral director Mellody-McGilley-Eylar

(b) Address Kansas City, Missouri

19. (a) 8-8-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month August day 7
year 1948 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from
, 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

Due to Sympathetic Blastocrem
Cerry St Thorax & Lead
Due to Cham (Malignant)

Other conditions Generalized abdomen spread
(Include pregnancy within 3 months of death)

Major findings:
Of operations 55
Of autopsy about

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature Russell Kincaid (M. D. or other)

Address K. C. Mo. Date signed 8/7/48

(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.....

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.**