S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 4 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26694

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3525

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: At Mo. River About Topping 3 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Do not know (Specify whether In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City Mo 48 (If outside city or town limits, write "RURAL")

(d) Street No. Do not know 3 (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Unknown Man

3. (b) If veteran, name war Do not know

3. (c) Social Security No. Do not know 9

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Do not know

6. (b) Name of husband or wife

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

7. Birth date of deceased 1878 (Month) (Day) (Year)

8. AGE: Years 70 Months Days If less than one day hr. min.

9. Birthplace Do not know 9 (City, town, or county) (State or foreign country)

10. Usual occupation

11. Industry or business Do

FATHER
12. Name 9
13. Birthplace 9 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name not
15. Birthplace know 9 (City, town, or county) (State or foreign country)

16. (a) Informant Coroner office
(b) Address K Cmo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug 28-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt Calvery KCK

18. (a) Signature of funeral director Carrington Bros
(b) Address K Cmo

19. (a) 8-28-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 24 year 1948 hour 11 minute 45A M.

21. I hereby certify that I attended the deceased from , 19 , 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 Cause unknown, apparently natural causes

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) Deputy Coroner

Major findings: Of operations 200a

Of autopsy History & Inspection

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 A. E. Ussher (M. D. or other) MD

Address 2804 Main Date signed 8/29/48

(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 F. S. Walton

Licensed Embalmer No. 2744

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.