

S. No. 300
M-10-47
v. 5-17-39
I 3906

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

29746
State File No. 3908
Registrar's No.

FILED OCT 1 1948
Registration District No.

Primary Registration District No. 1022

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY
(c) Name of hospital or institution: GENERAL HOSPITAL NO. 2
(d) Length of stay: In hospital or institution 1 DAY
In this community 38 YRS.

3. (a) PRINT FULL NAME GARFIELD EZELL
(b) If veteran, name war no
(c) Social Security No. none

4. Sex MALE 2
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced WIDOWED
(b) Name of husband or wife unknown
7. Birth date of deceased: OCTOBER 10, 1880

8. AGE: Years 67, Months 11, Days 12

9. Birthplace PULASKI TENNESSEE
10. Usual occupation LABORER

11. Industry or business
12. Name GEORGE D. EZELL
13. Birthplace TENNESSEE
14. Maiden name ADDIE MCKNIGHT
15. Birthplace TENNESSEE

16. (a) Informant HILLEY EZELL (BROTHER)
(b) Address 1512 MYRTLE
17. (a) removal (b) Date thereof 9-25-48
(c) Place: burial or cremation Little Rock Park
18. (a) Signature of funeral director Fughins Bros.
(b) Address 612 NW
19. (a) 9-25-48 (b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town KANSAS CITY
(d) Street No. 1813 EUCLID
(e) Citizen of foreign country? NO

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month SEPTEMBER day 22, year 1948 hour 6: minute 25 P. M.
21. I hereby certify that I attended the deceased from SEPTEMBER 21, 1948 to SEPTEMBER 22, 1948
that I last saw him alive on SEPTEMBER 22, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: PERFORATION OF ANEURYSM OF RIGHT SUBCLEVIAN ARTERY INTO RIGHT LUNG WITH MASSIVE PULMONARY HEMORRHAGE

Due to
Other conditions
Major findings:
Of operations
Of autopsy SAME AS ABOVE

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
23. Signature: [Signature] (M. D. or other)
Address: GENERAL HOSPITAL NO. 2 Date signed: 9/23/48

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 *D. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address. 2503 Highley

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.