

No. 2
5-43
5-17-39
X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32868

FILED NOV 4 1948, 49

State File No. _____
Registrar's No. 4205

Registration District No. _____ Primary Registration District No. 1002

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:
On Street Car 12th & Harrison
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3
In this community do not know (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Jackson 48

(c) City or town Kansas City MO 8
(If outside city or town limits, write "RURAL.")

(d) Street No. 1221 Campbell
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME John Eacott

3. (b) If veteran, name war none

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15
year 1948 hour 9 minute 58 A.M.

21. I hereby certify that I attended the deceased from Counsel, 19____, to _____, 19____; that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Male 5. Color or White

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 8 1876
(Month) (Day) (Year)

Immediate cause of death Coronary sclerosis

Due to arterio sclerosis

Due to _____

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

Major findings: 932

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>6</u>	<u>12</u>	_____ hr. _____ min.

9. Birthplace Sherman Texas 1
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business _____

12. Name Do 9

13. Birthplace not 1
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace know 9
(City, town, or county) (State or foreign country)

16. (a) Informant George Griffith 1

(b) Address Bates City MO

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

(c) Place: burial or cremation Calvary MO

18. (a) Signature of funeral director Parents Bros

(b) Address K. C. MO

19. (a) 10-16-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

Of operations _____

Of autopsy no

History & symptoms

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)

(c) Means of injury 3

23. Signature James C. Walker (M. D. or other) 3
Address 1424 N. M. Date signed 10-16-48

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

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*

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.