

FEDERAL SECURITY AGENCY

National Office of Vital Statistics

FILED JAN 15 1949

Registration District No. 149

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 40096
Registrar's No. 5376

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

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town KANSAS CITY, MO.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: KANSAS CITY TUBERCULOSIS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 YR. 15 DA.
In this community 3 YEARS
years, months or days (Specify whether)

3. (a) PRINT FULL NAME WILLIAM DERR
(b) If veteran, name war NO
(c) Social Security No. 457-28-2485

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED
6. (b) Name of husband or wife HAROLD DERR 6. (c) Age of husband or wife if alive 6 years
7. Birth date of deceased: (Month) 11 (Day) 6 (Year) 1919

8. AGE: Years 29 Months 1 Days 22 If less than one day 12 hr. 45 min.

9. Birthplace GREENWOOD MISSISSIPPI
(City, town, or county) (State or foreign country)

10. Usual occupation WAITRESS

11. Industry or business RETIRED 1 YEAR

12. Name PERCY M. CRANDAL

13. Birthplace UNKNOWN KENTUCKY
(City, town, or county) (State or foreign country)

14. Maiden name BESSIE Mc COY

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

16. (a) Informant MRS. JAMES F. WALKER

(b) Address EL PASO, TEXAS

17. (a) BURIAL (b) Date thereof JAN. 3-1949
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MEMORIAL PARK CEM.

18. (a) Signature of funeral director W. H. Huntmyer

(b) Address 1401 Brush Creek Blvd.

19. (a) 12-31-48 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State MO. (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 514 1/2 E. 15TH STREET
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 28TH
year 1948 hour 1:45 P.M. minute 45 AM.

21. I hereby certify that I attended the deceased from 12-13-47
1947, to 12-28, 1948;

that I last saw HER alive on 12-28, 1948;

and that death occurred on the date and hour stated above.
Immediate cause of death PULMONARY TUBERCULOSIS Duration _____

Due to _____

Due to _____

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

Major findings: 13/45
Of operations _____

Of autopsy _____

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 _____

23. Signature G. K. Landis G. K. Landis
(M. D. or other)

Address H.C. J.B. Hosp. Date signed _____

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.