

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **40114**
Registrar's No. **5196**

Registration District No. **199**

Primary Registration District No. **1002**

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:
1018 Broadway Street
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3
(Specify whether years, months or days)
 In this community about 1 week
years, months or days

3. (a) PRINT FULL NAME DAVID LOUIS ETHERIDGE
 3. (b) If veteran, name war Unknown
 3. (c) Social Security No. Unknown

4. Sex Male } 5. Color or race White
 6. (a) Single, widowed, married, divorced Divorced
 6. (b) Name of husband or wife Unknown
 6. (c) Age of husband or wife if alive 1012 years
 7. Birth date of deceased May 12 1912
(Month) (Day) (Year)

8. AGE: Years 36 Months 7 Days 8
 If less than one day hr. _____ min. _____

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

10. Usual occupation Unknown

11. Industry or business _____

MOTHER, FATHER
 12. Name R. P. Etheridge
 13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
 14. Maiden name Euphia Hendrix
 15. Birthplace Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant Investigation
 (b) Address Coroner's office

17. (a) Removal (b) Date thereof 12-22-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Selmer, Tenn.

18. (a) Signature of funeral director Weilert Funeral Home
 (b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 12-22-48 (b) Geralline Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Tenn. (b) County 999
 (c) City or town Bethel Springs
(If outside city or town limits, write "RURAL")
 (d) Street No. Box 366
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20th
 year 1948 hour 2:15 PM minute _____ 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: Circulatory failure
Encephalitis of
Liver
 Due to _____
 Due to _____
 Other conditions: 24h
(Include pregnancy within 3 months of death)
Deputy Coroner
 Major findings:
 Of operations _____
 Of autopsy See Above

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? _____

A. E. Upsher
 While at work: _____
 Signature A. E. Upsher
 Address 2800 Main
(M. D. or other) (City or town) (State)

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 Blaine E. Weichert

Licensed Embalmer No. 4075

P. O. Address K.C. 8, 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.