

FILED SEP 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27021

State File No. _____

BIRTH NO: _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3594

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>		e. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
f. STREET ADDRESS <u>2225 Harrison Street</u>		g. (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>JOSEPH</u>	b. (Middle) <u>STEPHEN</u>	c. (Last) <u>RACHAL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>AUGUST 19 1949</u>
--	-----------------------------	-------------------------------	----------------------------	---

5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DECEMBER 26 1892</u>	9. AGE (In years last birthday) <u>56</u>	10. IF UNDER 1 YEAR Months	11. IF UNDER 12 HRS. Days	12. IF UNDER 2 HRS. Hours	13. IF UNDER 15 MIN. Min.
-----------------------	----------------------------------	--	---	--	-------------------------------	------------------------------	------------------------------	------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ELEVATOR OPERATOR</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>NATCHITOCHEs, LA.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	-----------------------------------	---	--

13a. FATHER'S NAME <u>SYLVESTER RACHAL</u>	13b. MOTHER'S MAIDEN NAME <u>IDA Matwyo</u>	14. NAME OF HUSBAND OR WIFE <u>ELIZABETH RACHAL</u>
---	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>487-16-0636</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ELIZABETH RACHAL</u>	ADDRESS <u>2225 Harrison</u>
--	---	--	---------------------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>LUNG ABSCESS</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC BRONCHIECTASIS (X-RAY DX)</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>520*</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
---	--	----------------------------

22. I hereby certify that I attended the deceased from 8/2/1949, 1949, to 8/19/1949, 1949, that I last saw the deceased alive on 8/19/1949, 1949 and that death occurred at 2:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Frank Ellis</u>	(Degree or title) <u>Sec. Inv.</u>	23b. ADDRESS <u>600 East 22nd Street</u>	23c. DATE SIGNED <u>8/19/49</u>
---	---------------------------------------	---	------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 21-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo.</u>
--	---------------------------------	---	---

DATE REC'D BY LOCAL REG <u>8-20-49</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter Appleton Jones</u>	ADDRESS <u>1905 Vine</u>
---	---	--	-----------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

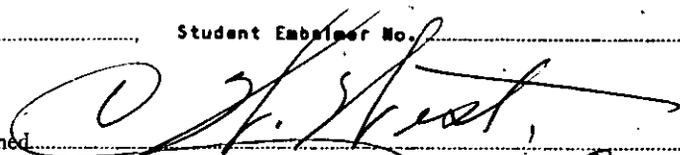
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No.

2710

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.