

S. No. 300
V. 10.48

FILED OCT 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33960
4269

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

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. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY 13</u>	
c. LENGTH OF STAY (in this place) <u>4 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>809 E. 8th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Vacant Lot-617-2005T</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>AUSTIN</u> c. (Last) <u>Page</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 30 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	
8. DATE OF BIRTH <u>March 4, 1901</u>		9. AGE (In years last birthday) <u>48 yrs</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Wabash Freight</u>		11. BIRTHPLACE (State or foreign country) <u>Keytesville Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Robert Page</u>		13b. MOTHER'S MAIDEN NAME <u>Cornelia Hughes</u>		14. NAME OF HUSBAND OR WIFE _____	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War II</u>		16. SOCIAL SECURITY NO. <u>494-12-8261</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Cornelia Page</u> ADDRESS <u>809 E. 8th St.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Penetrating knife wound of chest.</u>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES DUE TO (b) <u>Laceration of the Myocardium</u> DUE TO (c) <u>Hemopericardium Hemothorax left</u>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Metimorphosis of Liver</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E982</u>		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Homicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Vacant Lot</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) <u>48</u> (STATE) <u>KANSAS CITY - JACKSON - MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>9 - 30 - 49</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Stab Wound</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title) <u>3</u>		23b. ADDRESS <u>1039 Rio Vista Blvd</u>		23c. DATE SIGNED <u>10-8-49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removed</u>		24b. DATE <u>OCT 6, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Keytesville, MO</u>	
				24d. LOCATION (City, town, or county) (State) <u>Keytesville, MO</u>	

DATE REC'D BY LOCAL REG. <u>10-5-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James</u> ADDRESS <u>1513 1/2 West</u>	
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(Licensed Embalmer's Stetchart on Reverse Side)

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

NOV 22 1949

MAR 6 1950

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.

Signed *C. E. Davis*

Signed.....
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address *H. C. Davis*

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.