

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24659

State File No. _____

FILED AUG 4 1952

BIRTH NO. _____

REG. DIST. NO. 149

PRIMARY REG. DIST. NO. 1882

Registrar's No. 3086

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in this place) Unknown	c. CITY (If outside corporate limits, write RURAL and give township) Kansas City		d. STREET ADDRESS (If rural, give location) Floater, ?? 3008	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2						
3. NAME OF DECEASED a. (First) Joe		b. (Middle) L.	c. (Last) Scott	4. DATE OF DEATH (Month) (Day) (Year) 6 14 52		
5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ?	8. DATE OF BIRTH ?	9. AGE (In years last birthday) ?	# UNDER 1 YEAR Months ?	
# UNDER 24 HRS. Days ?	# UNDER 1 MIN. Hours ?	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown	10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME ?		13b. MOTHER'S MAIDEN NAME ?		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Lobar Pneumonia (Patient found in alley, 9th St. between Brooklyn & Park, by police.) DUE TO (b) Brooklyn & Park, by police. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH 490h
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) (Min.)	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 6-14-52 , 19___, to 6-14-52 , 19___, that I last saw the deceased alive on 6-14-52 , 19___, and that death occurred at 9:30 p. m. , from the causes and on the date stated above.						
23a. SIGNATURE			(Degree or title)	23b. ADDRESS 600 E. 22nd Street	23c. DATE SIGNED 7-8-52	
24a. BURIAL, CREMATION, REMOVAL	24b. DATE 7-8-52	24c. NAME OF CEMETERY OR CREMATORY Leeds Cemetery Leeds, Mo.	24d. LOCATION (City, town, or county) (State)			
DATE REC'D BY LOCAL REG. 7-7-52	REGISTRAR'S SIGNATURE Heraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brigham & Jones 2300 E. 18th St.				

(Licensed Embalmer's Statement on Reverse Side)

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.....

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.

WRITE PLAINLY—USING UNFADING INK

E. Frank Ellis MD

case, injury, or complication which caused death.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

New Record

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES NO 21a. ACCIDENT
SUICIDE
HOMICIDE

(Specify)

Accident possible Street

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP)

(COUNTY)

(STATE)

Kansas City Jackson Mo.

21d. TIME OF INJURY

(Month)

(Day)

(Year)

(Hour)

Unknown

21e. INJURY OCCURRED

WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? Brooklyn & Park on 9th St. Pt. found in alley by police between

22. I hereby certify that I attended the deceased from 6-14-52, 1952, to 6-14-52, 1952, that I last saw the deceased alive on 6-14-52 1952, and that death occurred at 8:30 p m., from the causes and on the date stated above.

23a. SIGNATURE

(Degree or title)

23b. ADDRESS

23c. DATE SIGNED

600 East 22nd Street

6-19-52

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE

25. FEDERAL DIRECTOR'S SIGNATURE

ADDRESS

7-7-52

Geraldine Holmes Brighton

2300 East 18th

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

1952

S-24659

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

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed *Lawrence A. Jones*
Licensed Embalmer No. *7429*

P. O. Address *2300 18th St N*

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.