No. 300
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# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

FILED MAY 8 1953

State File No. 14285

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2095

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

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**1. PLACE OF DEATH**
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 12 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gen Hosp #2 D.O.A.

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City 3328
d. STREET ADDRESS (If rural, give location): 1313 E. 22nd St.

**3. NAME OF DECEASED** (Type or Print)
a. (First): Linzy
b. (Middle): —
c. (Last): Junior

**4. DATE OF DEATH** (Month) (Day) (Year): April 13, 1953

**5. SEX**: Male
**6. COLOR OR RACE**: Col.
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Married
**8. DATE OF BIRTH**: July 28, 1899 - 53 yrs.
**9. AGE** (In years last birthday): If under 1 year: Months / Days; If under 1 hr.: Hours / Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Construction
**10b. KIND OF BUSINESS OR INDUSTRY**: Construction
**11. BIRTHPLACE** (City and State or Foreign Country): Muskogee, Okla.
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: John Junior
**13b. MOTHER'S MAIDEN NAME**: Annie Bell
**14. NAME OF HUSBAND OR WIFE**: Hazel Junior

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
**16. SOCIAL SECURITY NO.**: 579-01-8240
**17. INFORMANT'S SIGNATURE OR NAME**: Mrs. Hazel Junior
**ADDRESS**: 13-13-E. 22nd

**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, asthenia, etc. It means the disease, injury, or complication which caused death.

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Interstitial

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Pneumonitis
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: 4 yr

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: Autopsy at Gen Hosp #2
**20. AUTOPSY?** YES ☒ NO ☐

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

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** (Degree or title): Thos. A. Jones M.D. Corsier
**23b. ADDRESS**: 1612 E 12 St
**23c. DATE SIGNED**: 4/17/53

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Removal
**24b. DATE**: April 21, 1953
**24c. NAME OF CEMETERY OR CREMATORY**: Ft. Leavenworth, Nat'l
**24d. LOCATION** (City, town, or county): Ft. Leavenworth (State): Kans

**DATE REC'D BY LOCAL REG.**: 4-20-53
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: Cle. Davis
**ADDRESS**: 1415 E. Truman Rd

(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 Landis H. Jackson

Licensed Embalmer No. 4850

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.