

FILED MAY 13 1953

STANDARD CERTIFICATE OF DEATH

State File No. 14286

2205

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2205	
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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 30 YRS		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				e. STREET ADDRESS (If rural, give location) 3846 Chestnut		3568	
3. NAME OF DECEASED (Type or Print) a. (First) Charles			b. (Middle) E. E.		c. (Last) Justice		
4. DATE OF DEATH (Month) (Day) (Year) 4 26 53		5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	
8. DATE OF BIRTH 1-23-1894		9. AGE (In years last birthday) 59		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) Retired Switchman			10b. KIND OF BUSINESS OR INDUSTRY Frisco R.R.			11. BIRTHPLACE (City and State or Foreign Country) K.C. Kansas	
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME Charles Justice		13b. MOTHER'S MAIDEN NAME Mary Eliza Cummings		14. NAME OF HUSBAND OR WIFE Mary Elizabeth Justice	
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. 702-03-6881		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Miss Mary Justice 3846 Chestnut			
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 suffocation, asphyxiation, etc. It means the direct injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 49 1/2	
19a. DATE OF OPERATION 7-19-53		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 April 22, 1953, to April 26, 1953, that I last saw the deceased alive on April 26, 1953, and that death occurred at 7:30 A.M., from the causes and on the date stated above.							
23a. SIGNATURE B.I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 4-27-53	
24a. BURIAL CREMATION REMOVAL (Specify) Burial		24b. DATE 4-28-53		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) K.C. Kansas	
DATE REC'D BY LOCAL REG. 4-27-53		REGISTRAR'S SIGNATURE. Geraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE SIMMONS		ADDRESS K.C. K	

(Licensed Embalmer's Statement on Reverse Side)

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

the
for
C

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.....
Signature of Student Embalmer

Signed *H. Simmons*.....

Licensed Embalmer No. *3900*

P. O. Address *H. C. K.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

14286-53

State of Missouri }
County of Jackson } ss.

State File No. _____
Local Registrar's No. 2205

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 13th day of May, 1953, before me appears Miss Mary

E. Justice, who, upon Her oath, states that the original record of ~~birth~~ death

for Charles C. Justice, died April 26, 1953, in the State of

Missouri, and which was filed at Kansas City on 4-27, 1953, should be corrected as follows:

Item No. 3 should read Charles E. Justice

Instead of Charles C. Justice

Item No. _____ should read _____

Instead of _____

Item No. _____ should read Verified by Simmons Funeral Home

Instead of Records.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief

(SEAL)

Affiant Mary E. Justice Daughter
Relationship.

X 3846 Chestnut H.E. 3 mo.
Present Address.

Subscribed and sworn to before me this 13th day of June May, 1953

My Commission expires August 24, 1956 Bessie W. Smith Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

