

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27400

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1003</u>	Registrar's No. <u>3664</u>
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) <u>KANSAS CITY</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		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 <u>2036 BELLEVUE</u>		e. STREET ADDRESS (If rural, give location) <u>2036 BELLEVUE 3308</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHRIS</u>		b. (Middle) <u>JAMES</u>	c. (Last) <u>JAMES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>7-23-1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>JUNE 10, 1886</u>	9. AGE (In years last birthday) <u>68</u>
10a. 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>ROCK QUARRY</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>WILL JAMES</u>		
13b. MOTHER'S MAIDEN NAME <u>VINA WEAVER</u>		14. NAME OF HUSBAND OR WIFE <u>DON'T KNOW</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CHAS SMITH</u> ADDRESS <u>1704 E 34th TERR. K.C.Mo.</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Chronic Right Pyonephrosis</u> (b) <u>Pyemia</u> (c) <u>Pyemia</u> MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>24hr</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6000		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 _____, 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>I. M. Tillman</u> (Degree or title) <u>Deputy Coroner</u>		23b. ADDRESS <u>M. D. 1618 Lydia Ave.</u>		23c. DATE SIGNED <u>7/24/54</u>
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>7-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>BLUE RIDGE LAWN</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BROWN &amp; HUDSON</u> ADDRESS <u>K.P. Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-26-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
I. M. Tillman

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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.....

*John R. Sidmo*  
Licensed Embalmer No. 453  
P. O. Address Kansas, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.