

No. 2
1-12-40
17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **5832**
Registrar's No. **604**

Registration District No. 399

Primary Registration District No. 1002

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town _____
(c) Name of hospital or institution:
3820 Walnut K.C. Mo.
(d) Length of stay: In hospital or institution _____
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City, Mo.
(d) Street No. 3820 Walnut
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mrs. Fannie Adams
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Feb day 10
year 1941 hour 11 minute 30 P.M.

4. Sex Female 5. Color or race wh
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from Nov. 23, 1941 to Feb 10, 1941; that I last saw her alive on Feb 10, 1941; and that death occurred on the date and hour stated above.

7. Birth date of deceased: May 23 - 1857
(Month) (Day) (Year)

Immediate cause of death: Hemorrhage from Intestine Duration 4 days

8. AGE: Years 83 Months 8 Days 17 If less than one day _____ hr. _____ min.

Due to Cancer of small intestine unknown

9. Birthplace Ky
10. Usual occupation House wife
11. Industry or business _____
12. Name C. H. Samples
13. Birthplace Ky
14. Maiden name Unknown
15. Birthplace _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations none
Of autopsy none

16. (a) Informant Mrs. Jess Ann Hall
(b) Address 3820 Walnut K.C. Mo.
17. (a) Burial (b) Date thereof Feb 12 - 41
(c) Place: burial or cremation Woodlawn
18. (a) Signature of funeral director Ott Mitchell
(b) Address Independence Mo.
19. (a) 3/11/41 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)
(e) Means of injury ?
23. Signature G. E. Schoen (M. D. or other) D.D.
Address 243 W. 13th Bldg Kansas City Date signed 2-11-41

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 me
....., Registered Apprentice No.
working under my personal supervision.

Signed Henry S. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.