

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILED MAY 16 1941

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-18-41-4-6-41
(Specify whether years, months or days) 15 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2448 Highland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Lucille Hiram
(b) If veteran, name war None
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 6
year 41 hour 7 minute 45 P. M.

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife THOS. HIRAM
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 11 22 1901
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 3-18-, 1941 to 4-6-, 1941
that I last saw her alive on 4-6-, 1941
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
39 4 15 hr. _____ min.

Immediate cause of death
Chronic Nephritis with Uremia
Duration _____

9. Birthplace Morrilton Ark.
(City, town, or county) (State or foreign country)

Due to Malignant Hypertension
Due to _____

10. Usual occupation Maid

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations _____
Of autopsy Above Mentioned

11. Industry or business _____
MOTHER FATHER { 12. Name Ed Watson
13. Birthplace Memphis Tenn
14. Maiden name OPERA or Russell (State or foreign country)
15. Birthplace S. C. (City, town, or county) (State or foreign country)

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? (City or town) (County) (State) _____
(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 _____

16. (a) Informant's own signature Record Clerk
(b) Address General Hospital #2
17. (a) burial (b) Date thereof 4/8/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery
18. (a) Signature of funeral director Jackson Bros
(b) Address 1729 Lydia
19. (a) Apr 8 1941 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

23. Signature [Signature] M. D. or other _____
Address Gen. Hosp. #2 Date signed 4-7-41

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

Signed

Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd St.

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, above space should be left blank.