

S. No. 2
1-1.4-41
7. 5-17-39
X 26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUN 10 1941
MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17234
Registrar's No. 1896

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 (1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5-6-41-5-12-41
15 years (Specify whether years, months or days)
In this community _____

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson ✓
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No. 904 Park, 3rd floor 8
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Prince Hart
3. (b) If veteran, name war No
3. (c) Social Security No. 495-05-3634

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 12
41 year 41 hour 5 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5-6- 1941 to 5-12- 1941
that I last saw h im alive on 5-12- 1941
and that death occurred on the date and hour stated above.

4. Sex Male 9
5. Color or race Negro
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Louise Hart
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased 5 23 1916
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) 12/18

8. AGE: Years Months Days If less than one day
24 11 19 hr. min.

9. Birthplace Spartanburg / South Carolina
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business Abe's Thrifty Market

12. Name Charlie Hart
13. Birthplace Orangeburg / S. Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Ada Johnson
15. Birthplace Orangeburg / S. Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Burial (Date thereof 5 15 1941)
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Adkins Bros.
(b) Address 2000 E. 12th St. Mo.

19. (a) May 14 41 (Date received local registrar)
(b) M. M. Crowe (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____
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? _____ (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) Means of injury 0

23. Signature R. L. ... (or other)
Address Gen. Hosp. #2 Date signed 5-12-41

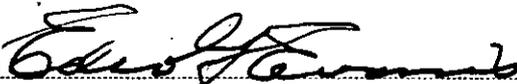
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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

Signed .....
Licensed Embalmer No. 3836.....
P. O. Address.....

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.