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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED SEP 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27528

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3186

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: Genl. Hosp. #2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hours (Specify whether years, months or days)

In this community 0

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 048

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1614 Olive
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME PRISCILLA KIDD

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Elijah Kidd

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Unknown 1889
(Month) (Day) (Year)

8. AGE: Years 52 | Months — | Days | If less than one day hr. min.

9. Birthplace Atlanta (City, town, or county) Georgia 1 (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs. Mae Williams

(b) Address 1614 Olive

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/25/41 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lydia

19. (a) 8/25/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 8-21-41
year hour minute M.

21. I hereby certify that I attended the deceased from 3:10 a.
19 to 19;
that I last saw her alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute pulmonary edema

Due to Hypertensive heart disease

Due to

Other conditions 93D
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

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?
(Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) 3

Address K.C. Mo. Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.....Isaac Jerome Manlow

Licensed Embalmer No.....3994

P. O. Address.....2503 Highland

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.