

DEC 22 1943 59
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 4200

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-6-41-11-8-41
(Specify whether years, months or days) 12 years
In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1604 E. 22nd Terr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8
year 1941 hour 4 minute 45 a. M.

21. I hereby certify that I attended the deceased from 11-6-41, 1941 to 11-8-41, 1941;
that I last saw her alive on November 8, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema

Duration

Due to Acute dilated stomach
Secondary to epilepsy major

Due to Status Epilepticus

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy Same as above

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)
_____ (M. D. or other)

23. Signature [Signature] (M. D. or other)
Address 2000 E. 22nd St. Kansas City, Mo. Date signed 11-10-41

3. (a) PRINT FULL NAME TRESSIE MILLS

3. (b) If veteran, name war _____ 3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased March 1 1919
(Month) (Day) (Year)

8. AGE: Years 22 Months 8 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace South Park Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Deceased

13. Birthplace Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Anna Maxey

15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-12-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill K.C. Mo.

18. (a) Signature of funeral director [Signature]

(b) Address 2000 E. 22nd St. Kansas City, Mo.

19. (a) 11-12-41 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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..... *Edw Evans*.....

Licensed Embalmer No. *3836*.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.