

MO JAN 24 1942

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 Kansas City

(c) Name of hospital or institution: General Hospital No. 2
(If not in hospital or institution, write street number or location) 25 min.

(d) Length of stay: In hospital or institution 12-22-41-1 hr. (Specify whether years, months or days) 30 years 0

3. (a) PRINT FULL NAME ALINE CHUNG

(b) If veteran, name war No

(c) Social Security No. No

4. Sex Female 5. Color or race Negro

6. (a) Single, widowed, married, divorced Widow

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

7. Birth date of deceased October 9 1894
(Month) (Day) (Year)

8. AGE: Years 47 Months 2 Days 13 If less than one day hr. min.

9. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation Unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name John Williams

13. Birthplace Unknown 7
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 4
(City, town, or county) (State or foreign country)

15. Birthplace Unknown 4
(City, town, or county) (State or foreign country)

16. (a) Informant Records Clerk

(b) Address General Hospital No. 2

17. (a) burial (b) Date thereof 12/26/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director William Bras

(b) Address 1724 Julia

19. (a) 12-26-41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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") 9

(d) Street No. 5327 South Benton
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22
year 1941 hour 6 minute 20 p.m.

21. I hereby certify that I attended the deceased from December 22, 1941, 4:55 p.m. - 6:20 p.m.
that I last saw her alive on December 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Primary adeno-carcinoma of colon with generalized carcinomatosis

Due to _____

Due to _____

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

Major findings: A62
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) _____
Address Lin. Hosp #2-6006-22 Date signed 12-23-41

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.....

D. J. Manlove

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.