

FILED MAR 9 1942 399
Registration District No. _____

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 Leeds Sbc Hospital
(d) Length of stay: In hospital or institution 10 mo. 15 da
In this community 11 months

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1926 Montgall
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 6th
year 1942 hour 2 minute 30 A.M.

21. I hereby certify that I attended the deceased from July 21, 1942 to February 6, 1942; that I last saw her alive on February 6, 1942; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy _____

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 _____
23. Signature [Signature] (M. D. or other) _____
Address K. C. To Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME Bessie Williams

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex 2 3 3 5. Color or race Black 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased May - 12 - 1905
(Month) (Day) (Year)

8. AGE: Years 36 Months 8 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Waco Texas 1 At Home
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Walter Rainey

13. Birthplace Waco Texas 1
(City, town, or county) (State or foreign country)

14. Maiden name Ellen Carter

15. Birthplace Waco Texas - 1
(City, town, or county) (State or foreign country)

16. (a) Informant Frank Clifton Rainey

(b) Address 1926 Montgall

17. (a) burial (b) Date thereof 2/7/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

(b) Address 1729 Lydia

19. (a) 2-7-42 (b) M. M. Brown
(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.....

Isaac Jerome 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.