

FILED APR 25 1942

Registration District No. 399

Primary Registration District No. 1202

Registrar's No. 1365

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 1
(d) Length of stay: In hospital or institution 8 days
In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 513 East 12th St.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME WING TOY

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

4. Sex Male 5. Color or race Chinese 6. (a) Single, divorced, married, Single

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

7. Birth date of deceased Unknown

8. AGE: Years 72 Months -- Days -- If less than one day hr. _____ min. _____

9. Birthplace China

10. Usual occupation Laundryman

11. Industry or business _____

12. Name Unknown

13. Birthplace China

14. Maiden name Unknown

15. Birthplace China

16. (a) Informant Harry Toy

(b) Address 704 East 12th St.

17. (a) Burial (b) Date thereof Apr. 6, 1942

(c) Place: burial or cremation Weyland Park

18. (a) Signature of funeral director Conrad Davidson

(b) Address K.C. Mo.

19. (a) 4-6-42 (b) M. M. Crown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1 3rd
year 1942 hour 12 minutes 40 A.M.

21. I hereby certify that I attended the deceased from 3-26-42 1942 to 4-3-42 1942
that I last saw him alive on 4-3-42 1942
and that death occurred on the date and hour stated above.

Immediate cause of death BRONCHOGENIC CARCINOMA

Due to 47c

Due to _____

Other conditions (Include pregnancy within 8 months of death) _____

Major findings: Of operations _____

Of autopsy See above

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 0

23. Signature Dwight R. Stone (M. D. or other) _____
Address Med. Director K.C. Gen. Hospital Date signed _____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

8030

LP

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.....

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.