

Registration District No. 149

Primary Registration District No. 1002

State File No. ....

Registrar's No. 30729

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 8-4-42-8-9-42  
(Specify whether years, months or days) 14 years

3. (a) PRINT FULL NAME WILLIAM FARAIN

3. (b) If veteran, name war no 3. (c) Social Security No. 132-12-9408

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 25 years (Month) (Day) (Year) June 25 1899

8. AGE: Years 43 Months 1 Days 18 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Ernest Farain  
13. Birthplace unk. (City, town, or county) (State or foreign country) 9  
14. Maiden name Luvonia Morris  
15. Birthplace unk. (City, town, or county) (State or foreign country) 9

16. (a) Informant Record Clerk  
(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 8-15-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Farm

18. (a) Signature of funeral director E. Steyerhalla

(b) Address 1212 Pine St. K.C. Mo.

19. (a) 8-15-42 (b) m m Crowe  
(Date received local registrar) (Registrar's signature)

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. 1016 Lydia  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9  
year 1942 hour 6 minute 50 p. M.

21. I hereby certify that I attended the deceased from August 4, 1942, to August 9, 1942;  
that I last saw him alive on August 9, 1942;  
and that death occurred on the date and hour stated above.

Immediate cause of death Advanced Pulmonary Tuberculosis with Toxemia

Due to 13 B'

Due to

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)  
(f) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) Means of injury

23. Signature [Signature] (M.D. or other) 0  
Address Gen. Hosp #2-604 E. 32 Date signed 8-11-42

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

48  
3  
8

48  
3  
8

361

**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

*E. Steubing Bills*

Licensed Embalmer No.

*3178*

P. O. Address

*1212 vine K.C.ME*

**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.**