

FILED AUG 17 1942

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2950

48  
3  
8

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

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 #2 D  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 1 day  
 (Specify whether  
 In this community lifetime  
 years, months or days)

3. (a) PRINT FULL NAME David Lester  
 (b) If veteran, name war \_\_\_\_\_ (c) Social Security No. none

4. Sex Male 2 5. Color or race Negro  
 6. (a) Single, widowed, married, divorced Single  
 (b) Name of husband or wife \_\_\_\_\_ (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) \_\_\_\_\_ (Year) \_\_\_\_\_

7. Birth date of deceased January 1925  
 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
17	6	6	hr. min.

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

10. Usual occupation Porter work  
 11. Industry or business (other)

MOTHER FATHER { 12. Name Jessie Lester  
 13. Birthplace Missouri 9 (City, town, or county) (State or foreign country)  
 14. Maiden name Estelle Mitchell  
 15. Birthplace Mississippi (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lester  
 (b) Address 1526 Lydia

17. (a) Burial (b) Date thereof 8-6-42  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Brady & Brown  
 (b) Address 1708 Tracy

19. (a) 8-5-42 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 999  
Kansas Wyandotte  
 (a) State Missouri (b) County Jackson 11  
 (c) City or town Kansas City 6  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 323 Washington Blvd.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A.? 2 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 1  
 year 1942 hour 5:15 minute 7 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_; that I last saw him alive at home \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Stab wound  
Arterio-cardiac  
Bilateral Hemiothorax

Due to Stab wounds 11.7

Other conditions \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
 Of operations \_\_\_\_\_  
 Of autopsy See above

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) Homicide

(b) Date of occurrence 8/1/42

(c) Where did injury occur? K.C. Jackson, Mo.  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place - between 16<sup>th</sup> & 17<sup>th</sup> Street  
 While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature J. C. Crowe (M. D. or other) \_\_\_\_\_  
 Address J. C. Crowe Date signed 8/2/42

**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: L. L. Harris, Jr.

Licensed Embalmer No. 3388

P. O. Address K.C., MO.

**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.**