

FILED AUG 19 1942
149

Primary Registration District No. **1002**

Registrar's No. **3010**

48
8050
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH

(a) County Jackson

(b) City or town Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K.C. S.B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 mos. 14 days
(Specify whether)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3041 Tenth
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME MAURICE MITCHELL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color or Race Negro

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive 10 years
(Month) (Day) (Year)

7. Birth date of deceased 7 10 1926
(Month) (Day) (Year)

8. AGE: Years 16 Months 0 Days 23 If less than one day hr. min.

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

10. Usual occupation Student

11. Industry or business _____

12. Name Charles Mitchell

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

14. Maiden name Welan De Ross

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

16. (a) Informant K.C. S.B. Hospital

(b) Address Beck, Mo.

17. (a) burial (b) Date thereof 8/10/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Wetters Bros

(b) Address 1729 Lyda Ave

19. (a) 8-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day third
year 1942 hour 18 minute 50 M.

21. I hereby certify that I attended the deceased from August First 1942 to August 3 1942
that I last saw him alive on August 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory failure

Due to Pulmonary Tuberculosis UNKNOWN

Due to 13 B

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? _____

While at work? _____ (Specify type of place)

(2) Means of injury _____

23. Signature Chalkey (M. D. or other) 0

Address K.C. S.B. Hospital Date signed _____

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.