

FILED DEC 31 1942

Registration District No. **149** Primary Registration District No. **1002** Registrar's No. **4758**

1. PLACE OF DEATH:
(a) County **Jackson**
(b) City or town **Kansas City**
(c) Name of hospital or institution: **General Hospital #2**
(d) Length of stay: In hospital or institution **57 years**

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
(d) Street No. **2731 Brooklyn**
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **Fred Daniels**
(b) If veteran, name war **—**
(c) Social Security No. **none**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **12** day **18** year **1942** hour **9:04** minute **P.**

4. Sex **male** Color **Colored**
(a) Single, widowed, married, divorced **widow**
(b) Name of husband or wife **None**
(c) Age of husband or wife if alive **10 - 9-1866**

21. I hereby certify that I attended the deceased from **Deputy Coroner** to **19** that I last saw him **alive** on **19** and that death occurred on the date and hour stated above.
Immediate cause of death **Auto Traumatism** Duration **—**

8. AGE: Years **76** Months **2** Days **9** If less than one day **hr. min.**

Due to **Crushed Injury to Chest**
Due to **Head Injury**

9. Birthplace **Virginia** (State or foreign country)
10. Usual occupation **Janitor**

Other conditions **MIOC**
Major findings: **MIOC**
Of operations **—**

11. Industry or business **—**
12. Name **unknown**
13. Birthplace **unknown**
14. Maiden name **Berrietta Daniels**
15. Birthplace **Virginia**

Of autopsy **yes**
PHYSICIAN **—**
Underline the cause to which death should be charged statistically.

16. (a) Informant **Mrs Hallie Fields**
(b) Address **3847 Baltimore**
(c) Place: burial or cremation **Burial**
(d) Signature of funeral director **H. B. Moore**
(e) Address **Kansas City**
(f) Date received local registrar **12-21-42**

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **Lee**
(b) Date of occurrence **12-18-42**
(c) Where did injury occur? **Kansas City, Jackson mo**
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **in street 2731 Brooklyn**
While at work? **no** (Specify type of place)
(e) Means of injury **Auto Trauma**
23. Signature **L. Richardson** (M. D. or other)
Address **1832 Vine** Date signed **12-21-42**

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

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 me
HB Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed HB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

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.