

Filed JAN 22 1943
Registration District No. 149

Primary Registration District No. 1002

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. 20
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11-17-42-1-6-43
(Specify whether _____)
In this community 58 years
years, months or days

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

3. (a) PRINT FULL NAME WILL HUME
3. (b) If veteran, name war no
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 Unknown
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased June 3 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 7 3 _____ hr. _____ min.

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

10. Usual occupation Unemployed
none

11. Industry or business _____
12. Name Andy Hume
13. Birthplace Don't Know Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Ellen Cross
15. Birthplace Don't Know Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2
17. (a) Burial (b) Date thereof 1-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery
18. (a) Signature of funeral director Nathan W. Hatcher
(b) Address 1520 North 5th Street
19. (a) 1-11-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 6
year 1943 hour 2:05 minute p.m.

21. I hereby certify that I attended the deceased from November 17 1942 to January 6 1943
that I last saw him alive on January 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Primary Broncho-genic Carcinoma

Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
Of autopsy Same as 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) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address Chas. Hays #2-600 E. 22 Date signed 1-8-43

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Nathan Athalaku

Licensed Embalmer No. *2700*

P. O. Address... *1528 N. 5th 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.