

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: 2314 Park /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)

In this community 21 years (Specify whether 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. 2314 Park (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Henry Suggs

(b) If veteran, name war None

(c) Social Security No. None

4. Sex Male

5. Color or race Col

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

6. (b) Name of husband or wife Lelia Suggs

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased January 10, 1870
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>72</u>	<u>11</u>	<u>26</u>	hr. min.

9. Birthplace Mt. Vernon Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation Common Laborer

11. Industry or business none

MOTHER FATHER { 12. Name Wilkes Suggs

13. Birthplace Tenn. /
(City, town, or county) (State or foreign country)

14. Maiden name Lucy

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

16. (a) Informant Lelia Suggs

(b) Address 2005 Park

17. (a) burial (b) Date thereof 1/9/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director Hulkind Bros.

(b) Address 1729 Lydia

19. (a) 1-9-43 (b) W. M. Crone
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 6
year 1943 hour 4 minute 30P M.

21. I hereby certify that I attended the deceased from 12-12-1942 to 1-6-1943
that I last saw him alive on 1-3-1943
and that death occurred on the date and hour stated above.

Immediate cause of death acute myocardial infarction

Due to Senility

Due to none

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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) none

(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) (e) Means of injury

23. Signature W. M. Crone

Address 2200 S-18 Date signed 1-8-43

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

Isaac J. Mendon

Licensed Embalmer No.

3994

P. O. Address

2503 Highland

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.