

FILED MAR 31 1943

Registration District No. 1943

Primary Registration District No. 1002

Registrar's No. 1478

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:
1318 Woodland
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 2 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. 1318 Woodland
(If rural, give location)

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

3. (a) PRINT FULL NAME Leo Daniels

3. (b) If veteran, name war no

3. (c) Social Security No. 496-07-0831

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 26
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 3/22/43 to 3/25/43
that I last saw him alive on March 25, 1943,
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Frances Daniels alive 35 years

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased: 7 29 1911
(Month) (Day) (Year)

Immediate cause of death.....
Streptococcic infection throat
Influenza

Due to.....

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>31</u>	<u>7</u>	<u>27</u> hr. min.

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

10. Usual occupation laborer

11. Industry or business Sheffield Steel Co.

12. Name Thomas Daniels

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

14. Maiden name Cora Lyles

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

16. (a) Informant Thomas Daniels

(b) Address 1318 Woodland

17. (a) Burial (b) Date thereof 3-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Westlawn C.C.K.

18. (a) Signature of funeral director Mrs. J. W. Jones

(b) Address 440 State

19. (a) 3-27-43 (b) M. H. Crow
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations.....

Of autopsy.....

Duration
4 days

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)
(e) Means of injury.....

23. Signature P. B. Murray (M. D. or other)
Address 980 Newton Ave Date signed 3-27-43

36'

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

Eugene English

Licensed Embalmer No. *4105*

P. O. Address *1640 State Ave. N.E.*

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.