

FILED MAR 31 1943
Registration District No. **1002**

Primary Registration District No. **1002**

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: General Hospital No. 2
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1-4-43-3-23-43
(Specify whether years, months or days) 20 years
 In this community 20 years

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. 2439 Paseo
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If (yes, name country) no

3. (a) PRINT FULL NAME YUTHA J. TOLSON
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month March day 23
 year 1943 hour 11:10 minute a.m.

4. Sex female 5. Color or race Negro
 6. (a) divorced (b) (c) Age of husband or wife if alive yes years
 7. Birth date of deceased March 18 1906
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 4 1943 to March 23 1943
 that I last saw her alive on March 23 1943
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>37</u>	<u>0</u>	<u>5</u>	hr. min.

Immediate cause of death Generalized Carcinomatosis

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

Due to Primary adenocarcinoma of cervix with metastasis

10. Usual occupation unemployed

Due to 48a

11. Industry or business

12. Name Rev. A. A. Tolson

Other conditions 48a
(Include pregnancy within 3 months of death)

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

14. Maiden name Lera A. Hurt

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

Major findings: Of operations

Of autopsy same as above

16. (a) Informant Record Clerk
 (b) Address General Hospital No. 2

22. If death was due to external causes, fill in the following:

17. (a) Burial (b) Date thereof 3 26 43
(Burial, entombment, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

(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?

18. (a) Signature of funeral director Mrs. M. Abernathy
 (b) Address 1409 E. 22th

19. (a) 3-26-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury

23. Signature Y. A. Tolson (M. D. or other)
 Address Gen. Hosp. 2-601 E. 22 Date signed 3-25-43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.