

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

MOTHER FATHER

FILED MAY 3 1943 149
Registration District No.

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. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3-26-43-3-28-43
(Specify whether
In this community 30 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. 516 W. 7
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES PINCKNEY

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, single

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

7. Birth date of deceased June 15 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 65 9 13 hr. min.

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

10. Usual occupation none

11. Industry or business

12. Name Hewitt Pinckney
13. Birthplace
14. Maiden name Lucy
15. Birthplace
(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 4 1 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director [Signature]

(b) Address 1819 E. 15th Kansas

19. (a) 4-1-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28
year 1943 hour 6:15 minute a. M.

21. I hereby certify that I attended the deceased from March 26, 1943, to March 28, 1943.

that I last saw him alive on March 28, 1943, and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive heart failure

Due to Arteriosclerotic heart disease

Due to 98 5

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy

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 [Signature] (M. D. or other)
Address Ch. Dept 2-600 E 22 Date signed 3-30-43

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.....

W. G. Johnson

Licensed Embalmer No. 2211

P. O. Address. 1819 E. 15th Ave KE2

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.