

FILED JUN 1943
Registration District No. 49

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 #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/26/43-5/6/43
(Specify whether
In this community 48 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. 1303 1/2 East 18th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME RUFUS FOREE

3. (b) If veteran, name war None
3. (c) Social Security No. 487-03-7670

4. Sex Male 5. Color or race Negro
6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Gertrude Foree
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 19 1887
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>11</u>	<u>17</u>	_____hr. _____min.

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

10. Usual occupation Cleaner and Spotter

11. Industry or business Business

MOTHER { 12. Name George Foree
13. Birthplace ? Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Jane Hope
15. Birthplace Arrow Rock Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 5/10/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Lydia
(b) Address 1729 Lydia

19. (a) 5-10-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1943 hour 9 minute 00 A.M.

21. I hereby certify that I attended the deceased from April 26
_____, 19 43 May 6, 19 43
that I last saw him alive on May 6, 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular Accident
Duration _____

Due to Essential Hypertension

Due to 83 a 1

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

Major findings: _____
Of operations _____
Of autopsy _____
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)
(c) Means of injury _____
23. Signature [Signature] (M. D. or other)
Address 600 E. 22 St - J.C. Mo. Date signed 5/6/43

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

Jerome Manberg

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.