

FILED OCT 13 1943 129

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 **60 days** (Specify whether
In this community **50 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. **2310 Lydia Ave.** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **LAWRENCE HERALD**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **486-03-5983**

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

6. (b) Name of husband or wife **Irvin Herald** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **January 11, 1893**
(Month) (Day) (Year)

8. AGE: Years **50** Months **8** Days **10** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Shipping Clerk**

11. Industry or business _____

MOTHER FATHER { 12. Name **Glasgow Herald**
Boonville, Missouri

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

14. Maiden name **Mary**

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

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

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **9/25/43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Jenkins Bros.**

(b) Address **1729 Lydia Avenue**

19. (a) **9-25-43** (Date received local registrar) (b) **J E Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Sept.** day **21**
year **1943** hour **12** minute **35 P.M.**

21. I hereby certify that I attended the deceased from **7-16-43**
_____, 19____, to **9-21-43**, 19____;
that I last saw him alive on **9-21-43**, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **General Paresis**
Due to _____

Due to **30/6**

Other conditions (Include pregnancy within 3 months of death)

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) (b) Means of injury _____

23. Signature **J E Brown** M.D.
Address **General Hosp. No. 2** Date signed **9-21-43**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

J. Jerome Manlove
.....
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.