

FILED NOV 1 1943

State File No. _____

Registrar's No. 4380

Registration District No. 149

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 3 days
(Specify whether
In this community Unknown 38 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 621 E. 14th St. 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Henry DuBois

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

4. Sex Male 5. Color or Race Negro 6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive, years
7. Birth date of deceased Oct. 15 1888
(Month) (Day) (Year)

8. AGE: Years 54 Months 11 Days 2 If less than one day hr. min.

9. Birthplace De Soto MO
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business none

MOTHER FATHER { 12. Name Unknown Clark DuBois
13. Birthplace Unknown
14. Maiden name Unknown Evelyn Mitchell
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

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

17. (a) Burial (b) Date thereof 10-15-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director W. Sterling Billa
(b) Address 1212 Pine St. C. J. M. W.

19. (a) 10-15-43 (b) W. P. B. B. B.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6
year 1943 hour 6 minute 25 P.M.
21. I hereby certify that I attended the deceased from 10-4-43
19 10-6-43 19 10-6-43
that I last saw him alive on 10-6-43 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy Duration _____
Hypertension 83 a

Due to _____
Due to _____
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) Means of injury _____

23. Signature W. P. B. B. B. M.D. (M. D. or other)
Address General Hosp. No. 2 Date signed 10-9-43

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

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address

1212 Pine K.C.

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.