

FILED NOV 19 1943

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:
2447 Olive
(If not in hospital or institution, write street number or location)
(d) Length of stay: in hospital or institution _____ (Specify whether)
In this community 27 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. 2447 Olive Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ermitt STOKES

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

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

6. (b) Name of husband or wife Charlie Stokes 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased April 27, 1891
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
52 5 24 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Dallas Tilley

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

14. Maiden name Emma Brown

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

16. (a) Informant Charlie Stokes
(b) Address 2447 Olive Street

17. (a) Burial (b) Date thereof 10/25/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Nathaniel Brown

(b) Address 1729 Lydia Avenue

19. (a) 10-25-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. 21, day Thursday
year 1943 hour 6:00 minute A. M.

21. I hereby certify that I attended the deceased from Sept.
4 1943 to Oct-20- 1943
that I last saw her alive on Oct-20- 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Endocarditis Duration neg.

Due to Chronic Nephritis neg.

Due to _____

Other conditions mental
(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)
(e) Means of injury _____

23. Signature Phillip Jones (M. D. or other) _____

Address 2636 - Brooklyn Date signed 10/28/43

J. R. Williams

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 Manlove*.....

Licensed Embalmer No. *3994*

P. O. Address. *2503 Highla*

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.