

FILED DEC 22 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 Hosp. #2  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11-2-43-12-8-43  
(Specify whether)  
 In this community 15 yrs  
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. 3825 Main  
(If rural, give location)  
 (e) Citizen of foreign country? NO (Yes or No)  
 If yes, name country 0

3. (a) PRINT FULL NAME (ALP WINSTON DRAKE)  
L. P. DRAKE

MEDICAL CERTIFICATION

3. (b) If veteran, name war no  
 3. (c) Social Security No. 492-18-9293

20. DATE OF DEATH: Month December day 8  
 1943 hour 3:20 minute P.M.

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

21. I hereby certify that I attended the deceased from November 2, 1943, to December 8, 1943  
 that I last saw him alive on December 8, 1943  
 and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Mary Drake  
 6. (c) Age of husband & wife if alive unk years  
 7. Birth date of deceased June 6, 1896  
(Month) (Day) (Year)

Immediate cause of death Generalized Carcinomatosis  
 Duration \_\_\_\_\_

8. AGE:	Years	Months	Days	If less than one day
	<u>47</u>	<u>6</u>	<u>2</u>	hr. _____ min.

Due to Carcinoma of Prostate  
 Due to 516

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

Other conditions (include pregnancy within 3 months of death)  
 Major findings: Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_

10. Usual occupation Maintenance Man

11. Industry or business \_\_\_\_\_

MOTHER FATHER {  
 12. Name Jack Drake  
 13. Birthplace Nashville Tenn.  
(City, town, or county) (State or foreign country)  
 14. Maiden name Carrie Hill  
 15. Birthplace Nashville Tenn.  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_

17. (a) Removal (b) Date thereof Dec. 11, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

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? \_\_\_\_\_

(c) Place: burial or cremation Nashville, Tenn

While at work? \_\_\_\_\_  
(Specify type of place)  
 Means of injury \_\_\_\_\_

18. (a) Signature of funeral director B. Sterling Pills  
 (b) Address 1217 1/2 Ave. K. J. Mo  
 19. (a) 12-11-43 (b) D. E. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature E. O. Sumner (M. D. or other) \_\_\_\_\_  
 Address New Hwy #21, 600 E. 22nd Date signed 12/8/43

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

FEB 15 1957

**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. Steubing Bills  
Licensed Embalmer No. 11212 mil  
P. O. Address Kansas City, Mo

**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.**