

FILED FEB 3 1944
Registration District No. 1002

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:
1720 E 24th St. Terr. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community Eight Years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 43
(a) State _____ (b) County _____
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1724 E. 24th St. Terr.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Dolly Griffin Cotton

3. (b) If veteran, name war no
3. (c) Social Security No. 486-07-8196

4. Sex Female 5. Color or race 3 Negro 6. (a) Single, widowed, married, divorced 2 Widowed
6. (b) Name of husband or wife unk 6. (c) Age of husband or wife if alive Widow years
7. Birth date of deceased Oct. 12 1872
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 26 If less than one day _____ hr. _____ min.

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

10. Usual occupation Janitress

11. Industry or business Geta Brewing Co.

MOTHER FATHER
12. Name Don't Know
13. Birthplace Don't Know 9
(City, town, or county) (State or foreign country)
14. Maiden name Clara Griffin
15. Birthplace Don't Know W. Va. /
(City, town, or county) (State or foreign country)

16. (a) Informant Inez Edwards
(b) Address 3621 Drury St.

17. (a) Burial (b) Date thereof 1-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director West Chilton Jones
(b) Address 1904 1/2 E. St.
19. (a) Jan 11, 1944 (b) P. Richardson
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 7
year 1944 hour 2 minute 5:50 PM

21. I hereby certify that I attended the deceased from Jan 3
1944, 19____, to Jan 7, 1944
that I last saw him alive on 1-7, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia

Due to _____
Due to 106

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) (e) Means of injury _____

23. Signature P. Richardson (M. D. or other) _____
Address 1832 9th Ave Date signed 1-10-44

Duration

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 C. H. West

Licensed Embalmer No. 2710

P. O. Address R. C. M. O.

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.