

FILED JAN 19 1944
Registration District No. 19449

Primary Registration District No. 1002

Registrar's No. _____

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 lot line)
(d) Length of stay: In hospital or institution 12-11-43-12-23-43
(Specify whether
In this community Unknown
year, 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. 1303 1/2 E. 18th
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WALTER LANE

3. (b) If veteran, name war Unknown 3. (c) Social Security No. Unknown

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widower
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive, — years
7. Birth date of deceased March 5 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
63 9 18 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 1/21/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Leedy, Mrs. Hopkins Bros

18. (a) Signature of funeral director _____

(b) Address 1729 Lyden

19. (a) Dec 31 1943 (b) J. B. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 23
year 1943 hour 6:15 minute A. M.

21. I hereby certify that I attended the deceased from December 11 1943 to December 23 1943

that I last saw him alive on December 23 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia Duration _____

Due to Chronic Nephritis

Due to Hypertensive Heart Disease with Decompensation

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 12/21/43

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 J. B. Brown (M. D. or other) _____

Address San Hwy. Rt. 600 E. 22nd Date signed 12/27/43

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

2
43
39
35697

SEP 1 1944

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. J. Manlove*

Licensed Embalmer No. *3994*

P. O. Address *2553 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.