

Registration District No. 149

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 Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-11-44-1-21-44
(Specify whether
In this community 30 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. 2013 Montgall
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21
year 1944 hour 5:25 minute A. M.
21. I hereby certify that I attended the deceased from January 11
1944 to January 21 1944

that I last saw her alive on January 21 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia Duration

Lobular

Due to Hyperpiesia

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 106

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 0

23. Signature J. H. Brown (M. D. or other)
Address San. Hwy. 02 600 E 22nd Date signed 1/24/44

3. (a) PRINT FULL NAME HANNAH TROTTER

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

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

6. (b) Name of husband or wife Doc Fitzgerald 6. (c) Age of husband or wife if alive 1883 years

7. Birth date of deceased February 19 1883
(Month) (Day) (Year)

8. AGE: Years 62 Months 11 Days 2 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER } 12. Name Doc Fitzgerald

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

14. Maiden name Charity Ridley

15. Birthplace Nashville Tenn.
(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 Jan 26 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Just Appleton Jones

(b) Address 1405 Vine St

19. (a) Jan 25 1944 (b) J. H. Brown
(Date received local registrar) (Registrar's signature)

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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. R. West

Licensed Embalmer No. *2710*

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.