

FILED JUN 22 1944

Registration District No. 1944

Primary Registration District No. 1002

Registrar's No. 2363

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2028 1/2 Campbell St.
(d) Length of stay: In hospital or institution
In this community 4 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2028 1/2 Campbell
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Rosie Haynes
3. (b) If veteran, name war no
3. (c) Social Security No. no

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced Widowed
6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased 4 7 1890
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 1 23 hr. min.

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

10. Usual occupation House Work

11. Industry or business at Home

12. Name Solomon Mc Gee

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

14. Maiden name Louise Ruffin

15. Birthplace Little Rock Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mattie Williams

(b) Address 510 1/2 Nebraska Ave. N. K.

17. (a) Burial (b) Date thereof 6-6-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation Woodlawn N. C. K.

18. (a) Signature of funeral director Mrs. J. W. Jones
(b) Address 440 State Ave. N. E. Brown
19. (a) 6-2-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 5 day 30
year 1944 hour 10: P. minute M
21. I hereby certify that I attended the deceased from April 21st
1944 to May 30 1944
that I last saw her alive on May 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Cervix
Duration 1 year

Due to 48a

Other conditions (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 H. M. Brathwaite (M. D. or other)
Address 107 James Hill Date signed May 31 44

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

13
39
97823

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

Eugene English

Licensed Embalmer No. *4105*

P. O. Address

440 State Ave

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.