

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 **1-8-45-1-30-45**  
(Specify whether years, months or days) **12 yr.** **0**

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State **Missouri** (b) County **Jackson** **48**  
(c) City or town **Kansas City** **3**  
(If outside city or town limits, write "RURAL") **8**  
(d) Street No. **2102 Harrison**  
(If rural, give location)  
(e) Citizen of foreign country? **no** **0** (Yes or No)  
If yes, name country

**3. (a) PRINT FULL NAME** **ESAU BOSTIC**  
**3. (b) If veteran,** name war **None**  
**3. (c) Social Security No.** **499-674149**

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month **January** day **30**  
year **1945** hour **4:45** minute **a.** M.

**4. Sex** **male** **2** **5. Color or race** **Negro**  
**6. (a) Single, widowed, married,** **divorced** **Married**  
**6. (b) Name of husband or wife** **Pearl Bostic**  
**6. (c) Age of husband or wife if alive** **43** years  
**7. Birth date of deceased** **August 4 1894**  
(Month) (Day) (Year)

**21. I hereby certify that I attended the deceased from** **January 8**, 19**45** to **January 30**, 19**45**;  
that I last saw him alive on **January 30**, 19**45**;  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>50</b>	<b>5</b>	<b>26</b>	hr. min.

Immediate cause of death **Generalized Carcinomatosis**  
Duration

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

Due to **Adenocarcinoma of prostate**

**10. Usual occupation** **porter**

Due to **51-16**

**11. Industry or business**

Other conditions (Include pregnancy within 3 months of death)

**12. Name** **Esau Bostic**

Major findings:  
Of operations

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

Of autopsy

**14. Maiden name** **Philonia James**  
(City, town, or county) (State or foreign country)

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

**16. (a) Informant** **Record Clk.**

**(b) Address** **Gen. Hosp. #2.**

**17. (a) (Burial, cremation, or removal)** **burial** **(b) Date thereof** **2/3/45**  
(Month) (Day) (Year)

**(c) Place: burial or cremation** **Blue Ridge Lawn**

**18. (a) Signature of funeral director** **Hathkins Bros.**

**(b) Address** **1729 Lydia**

**19. (a) 2-3-45** **(b) D. E. Brown**  
(Date received local registrar) (Registrar's signature)

**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? \_\_\_\_\_

**23. (a) White at work?** \_\_\_\_\_ (Specify type of place)  
**(b) Signature** **D. E. Brown** **(c) Means of injury** \_\_\_\_\_  
M. D. \_\_\_\_\_

**23. (a) Address** **Gen. Hosp. #2-600 E. 22** **(b) Date signed** **1-31-45**

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

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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. Jerome Marlowe*

Licensed Embalmer No. *3994*

P. O. Address *2503 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.