

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 #2
(If not in hospital or institution, write street number of location)
(d) Length of stay: In hospital or institution less than 24 hrs
(Specify whether years, months or days) 40 years

3. (a) PRINT FULL NAME RAY-WAYD
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 Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive 23 years (Day) (Year)

7. Birth date of deceased Mar 23 1895
(Month) (Day) (Year)

8. AGE: Years 49 Months 9 Days 21
If less than one day hr. min.

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

10. Usual occupation Domestic
11. Industry or business unknown

12. Name Wesley Lee
13. Birthplace Levanworth, Kan
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Franklin
15. Birthplace Levanworth, Kan
(City, town, or county) (State or foreign country)

16. (a) Informant R. J. Rice
(b) Address 1130 4th Highland
17. (a) Burial (b) Date thereof 1/18/45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cem
18. (a) Signature of funeral director H. B. Moore
(b) Address 1820 E 14th St
19. (a) 1-17-45 (b) H. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1017 Washington
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country U.S.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 14
year 1945 hour 6:30 minute A: M.
21. I hereby certify that I attended the deceased from 19 to 19
that I last saw Deputy Coroner
and that death occurred on the day and hour stated above.
Immediate cause of death Homicide Duration

Gun shot wound of left hip
Due to fracture of femur
Due to shock
Other conditions (Include pregnancy within 3 months of death) He 6

PHYSICIAN
Major findings: Of operations
Of autopsy see above
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) Homicide 123
(b) Date of occurrence 1-14-45
(c) Where did injury occur? K.C. Jackson Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home
While at work? Y (Specify type of place)
(e) Means of injury fire arms
23. Signature E. P. Richardson (M. D. or D. O.)
Address 1832 Home Date signed 1-16-45

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 A. T. Moore

Licensed Embalmer No. 948

P. O. Address. 2118 Charlott

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.