

FILED MAY 3 1945
199

Registrar's No. 1857

Registration District No. 1002

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-22-45-4-23-45
In this community 21 days
(Specify whether 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. 1202 Tracy
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME GEORGIA MC DUFFIE

3. (b) If veteran, name war no 3. (c) Social Security No. 70

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Married
(b) Name of husband or wife Sucker Mc Duffie (c) Age of husband or wife if alive 60 year
7. Birth date of deceased November 7 1897
(Month) (Day) (Year)

8. AGE: Years 47 Months 5 Days 16 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business _____

12. Name Frank Alton Alderson
13. Birthplace Ark
(City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace "
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Removal (b) Date thereof 4-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eldorado, Ark.

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12 R.C. 520

19. (a) 4-25-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
1945 year hour 7:40 minute A M.

21. I hereby certify that I attended the deceased from April 22 1945 to April 23 1945
that I last saw him alive on April 23 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Acidosis

Due to _____

Due to let

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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 if so) (Specify means of injury)

23. Signature G. Alderson (M. D. or other)

Address Gen. Hosp. #2 - 605 E 23 Date signed 4-24-45

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

18
3
8

18
2
19

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

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.