S. No. 2
M—2-43
. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

12486

State File No.

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 1859

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 or location)
(d) Length of stay: In hospital or institution 12-6-44-4-20-45 (Specify whether years, months or days)
In this community 24 Yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 2
(If outside city or town limits, write "RURAL") 8
(d) Street No. 1009 E. 17 St.
(If rural, give location)
(e) Citizen of foreign country? No 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JENITA WILLIAMS SHOATS

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female 9

5. Color or race Negro

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Phillip Shoats

6. (c) Age of husband or wife if alive Unknown

7. Birth date of deceased November (Month) 9 (Day) 1921 (Year)

8. AGE: Years 23 Months 5 Days 11 If less than one day hr. min.

9. Birthplace Kansa s City (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business

MOTHER FATHER
12. Name Marcus Lockey
13. Birthplace Knobnoster (City, town, or county) Missouri 0 (State or foreign country)
14. Maiden name Mattie Donaldson
15. Birthplace Bristol (City, town, or county) Okla. 1 (State or foreign country)

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

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 4/26/45 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Hatkins Bros.
(b) Address 1729 Lydia

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 20 year 1945 hour 2:25 minute P M.

21. I hereby certify that I attended the deceased from December 6, 1944 to April 20, 1945; that I last saw her alive on April 20, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Advanced Pulmonary Tuberculosis — Duration

Due to

Due to

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? (Specify type of place)
While at work? Means of injury

23. Signature G. C. Burnett (M. D. or other)
Address Gen. Hosp. #2 -600 E. 22 Date signed 4-24-45

(Licensed Embalmer's Statement on Reverse Side)

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: Jerome Manlove

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.