

1. PLACE OF DEATH:
Jackson
 (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 4-4-45-5-5-45
(Specify whether years, months or days)
 In this community 40 Yrs.

2. USUAL RESIDENCE OF DECEASED:
Missouri Jackson
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 1202 Independence Ave.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MATTIE HUGGINS
 3. (b) If veteran, name war None
 3. (c) Social Security No. None

4. Sex Female 5. Color or race Negro
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Andrew Huggins
 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased January 20 1884
(Month) (Day) (Year)

8. AGE: Years 61 Months 3 Days 15
 If less than one day hr. _____ min. _____

9. Birthplace Dalton Missouri
(City, town, or county) (State or foreign country)
 10. Usual occupation House Work

11. Industry or business _____
 12. Name Daniel Strother
 13. Birthplace Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Mattie Erickson
 15. Birthplace Missouri
(City, town, or county) (State or foreign country)

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

17. (a) burial (b) Date thereof 5/9/45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Highland Cemetery

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

19. (a) 5-9-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 5
 year 1945 hour 1:58 minute A M.
 21. I hereby certify that I attended the deceased from April 4, 1945, to May 5, 1945;
 that I last saw h. or alive on May 5, 1945
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Congestion
 Due to Hypertensive Type Heart Disease

Due to _____
 Other conditions 93-2
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings: Of operations
 Of autopsy _____
 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)
 Means of injury _____
 23. Signature [Signature] (M. D. or other)
 Address Gen. Hosp. #2 - 601 525 Date signed 5-7-45

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 *E. J. Manlove*

Licensed Embalmer No. 3994

P. O. Address 2503 Highliff

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.