U. S. No. 2
10M—2-43
Rev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19554

FILED JUL 3 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2623

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:
Ambulance on Way to Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether
In this community 21 years 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. 1121 East 17th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Bertha James

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe 9

5. Color or race Col

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

6. (b) Name of husband or wife Richard James

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 22, 1896
(Month) (Day) (Year)

8. AGE: Years 48 | Months 5 | Days 24 | If less than one day ____ hr. ____ min.

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

10. Usual occupation Housewife

11. Industry or business

MOTHER
12. Name Jeff Franklyn
13. Birthplace ____ (City, town, or county) Unknown (State or foreign country)

FATHER
14. Maiden name Unknown
15. Birthplace ____ (City, town, or county) Unknown (State or foreign country)

16. (a) Informant Viola Hicks
(b) Address 1113 East 17th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/21/45 (Month) (Day) (Year)
(c) Place: burial or cremation Westlawn Cemetery, K.C.K.

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

19. (a) 6-20-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1945 hour 2.45 minute 2.45 P. M.

21. I hereby certify that I attended the deceased from ____, 19__, to ____, 19__; that I last saw h__ alive on ____, 19__; and that death occurred on the date and hour stated above.

Deputy Coroner

Immediate cause of death — Duration

Due to Cerebral Hemorrhage

Due to Apoplexy

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Post-Mortem

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 (e) Means of injury

23. Signature L. T. Richardson (M. D. or other)
Address 837 Vine Date signed 6-19-45

(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 J. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 1503 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.