

FILED JUL 23 1945 STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2909

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
General Hospital #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3-4-45 to 7-10-45
(Specify whether)

In this community 18 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 1722 1/2 E. 18th Street 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes of No) 0
If yes, name country _____

3. (a) PRINT FULL NAME FRANK HOUSTON

3. (b) If veteran, name war no

3. (c) Social Security No. 499-07-641

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10
year 1945 hour 4:55 minute a.m. M.

21. I hereby certify that I attended the deceased from March 4,
45 19 to July 10, 45
that I last saw him alive on July 10, 1945
and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro

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

6. (b) Name of husband or wife Iva Houston

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

7. Birth date of deceased 8 4 1891
(Month) (Day) (Year)

Immediate cause of death Coronary Occlusion

Due to Syphilitic heart disease

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

8. AGE: Years Months Days If less than one day

53 11 8 hr. min.

9. Birthplace Texas /
(City, town, or county) (State or foreign country)

10. Usual occupation Porter

11. Industry or business _____

MOTHER FATHER { 12. Name Willie Houston

13. Birthplace Alabama /
(City, town, or county) (State or foreign country)

14. Maiden name Cindy
(City, town, or county) (State or foreign country)

15. Birthplace Texas /
(City, town, or county) (State or foreign country)

Major findings: 302

Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Records Clerk

(b) Address Gen. Hosp. #2

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? _____

17. (a) Rural (b) Date thereof July 14, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery, N.C., Mo.

18. (a) Signature of funeral director Fannie A. Neal

(b) Address 1708 E. 18th St.

23. Signature G. A. [unclear] (M. D. or other) _____
Address Gen. Hosp. #2 Date signed 8-10-45

19. (a) 7-11-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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

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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 Fannie G. Meek

Licensed Embalmer No. 3818

P. O. Address. Kansas City, Mo.

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.