

FILED JAN 21 1946
 149

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 5525

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 0
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 days
(Specify whether
 In this community 24 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 2116 Troost 8
(If rural, give location)
 (e) Citizen of foreign country? No 0
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Maggie Lee
 3. (b) If veteran, name war _____ 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month December day 28,
 year 1945 hour 5: minute 20 A. M.

4. Sex Female 3 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Joseph 6. (c) Age of husband or wife if alive 73 years
 7. Birth date of deceased March 16, 1890
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from December 25, 1945, to December 28, 1945;
 that I last saw her alive on December 28, 1945;
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Hemorrhage Duration

8. AGE:	Years	Months	Days	If less than one day
	<u>55</u>	<u>9</u>	<u>12</u>	hr. _____ min. _____

Due to Hypertensive Cardio-vascular Heart Disease

9. Birthplace Mississippi
(City, town, or county) (State or foreign country)
 10. Usual occupation None
 11. Industry or business None

Other conditions Cardiac Decompensation
(Include pregnancy within 3 months of death)

FATHER { 12. Name ? Williams
 13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)
 MOTHER { 14. Maiden name Unknown
 15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy _____
 PHYSICIAN [Signature]
Underline the cause to which death should be charged statistically.

16. (a) Informant Medical Records Librarian
 (b) Address General Hospital #2
 17. (a) Removal (b) Date thereof 1-5-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Woodlawn Cemetery

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? _____

18. (a) Signature of funeral director Walter W. Hatcher
 (b) Address 1520 N. 5th St., K.C.K.
 19. (a) 12-31-45 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____
(Specify type of place)
 (c) Means of injury _____
 23. Signature [Signature] (M. D. or other) M. D.
 Address General Hospital #2 Date signed 12/28/45

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

100327

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 Nathan H. Hattin

Licensed Embalmer No. 2700

P. O. Address 1520 N. 5th St.

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.