

Registration District No. 149

Primary Registration District No. 1002

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

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 3 days
(Specify whether years, months or days)

In this community 20 years

3. (a) PRINT FULL NAME Virginia Wallace

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Daniel Wallace

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased January 5, 1896
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>2</u>	<u>11</u>	hr. min.

9. Birthplace Monroe Louisiana
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

FATHER
MOTHER

12. Name John Coleman

13. Birthplace South Carolina
(City, town, or county) (State or foreign country)

14. Maiden name Sylvia C. Hal

15. Birthplace South Carolina
(City, town, or county) (State or foreign country)

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) Removal (b) Date thereof 3/18/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Monroe, La.

18. (a) Signature of funeral director Walter Brock

(b) Address 1729 Lydia Ave.

19. (a) 3-18-46 (b) Delphine Holmes
(Date received local registrar) (Registrar's signature)

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. 1607 Harrison
(If rural, give location) **0**

(e) Citizen of foreign country? No (Yes or No) **0**
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 16, year 1946 hour 4: minute 25 A. M.

21. I hereby certify that I attended the deceased from March 13, 1946 to March 16, 1946; that I last saw her alive on March 16, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Congenital Heart Disease With Congestive Failure

Due to.....

Due to.....

Other conditions 1572
(Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy Same

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) (c) Means of injury

23. Signature E. D. Smith (M. D. or other) **0**

Address General Hospital #2 Date signed 3/16/46

Duration.....

PHYSICIAN.....

Underline the cause to which death should be charged statistically.

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.