No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 27 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27096

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3549

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: Nora-Rae Restorium 4309 Garfield
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 23 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 999

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 1435 State 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 2

If yes, name country

3. (a) PRINT FULL NAME Henry S. Dukes

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male C

5. Color or race Wh

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

6. (b) Name of husband or wife Viola F. Dukes

6. (c) Age of husband or wife if alive about 70 years

7. Birth date of deceased November 22, 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	24	hr. min.

9. Birthplace Rock Bridge Co. Virginia
(City, town, or county) (State or foreign country)

10. Usual occupation Stationary Eng

11. Industry or business K.C. Quartermaster Depot

FATHER
12. Name Wm. H. Dukes
13. Birthplace don't know
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Suzan S. Alexander
15. Birthplace — Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. Howard H. Dukes
(b) Address 205 Brush Creek Blvd K.C. Mo.

17. (a) Burial (b) Date thereof 8-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Pk K.C. Ks.

18. (a) Signature of funeral director Geo. F. Porter & Sons
(b) Address 915 N. 10th K.C. Ks.

19. (a) 8-17-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 16
year 1946 hour 5:30 minute P.M.

21. I hereby certify that I attended the deceased from 2-23-46
1, 19, to 8-16, 1946;
that I last saw him alive on 8-16, 1946;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral hemorrhage	4 hours
Due to General arteriosclerosis	Indefinite
Due to	
Other conditions Auricular fibrillation (Include pregnancy within 3 months of death)	7 mo

Major findings:
Of operations 8:30
Of autopsy

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 W H Alger (M. D. ~~or other~~)
Address Kansas City, Kans. Date signed 8-17-46

(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 Howard L. Porter

Licensed Embalmer No. 3751

P. O. Address 915 N 10th K.C.

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.