

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40589
Registrar's No. 5512

Registration District No. 149

Primary Registration District No. 1002

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 NO. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 DAYS
(Specify whether)

In this community Unknown
(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. 1519 TRACY
(If rural, give location)

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

If yes, name country.

47
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3. (a) PRINT FULL NAME KATIE GEORGE

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unk.

4. Sex FEMALE
5. Color or race NEGRO

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

6. (b) Name of husband or wife John George

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

7. Birth date of deceased FEBRUARY 17, 1878
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	68	10	7	hr. min.

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

10. Usual occupation AT HOME

11. Industry or business

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Maxine Jackson

(b) Address 1212 Lydia

17. (a) Removal (b) Date thereof 1-10-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N.C. Dental College

18. (a) Signature of funeral director Watkins

(b) Address 1729 1/2 9th Ave

19. (a) 12-31-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 24, year 1946 hour 1: minute 30 A.M.

21. I hereby certify that I attended the deceased from DECEMBER 17, 1946 to DECEMBER 24, 1946 that I last saw her alive on DECEMBER 24, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA

Due to CHRONIC NEPHRITIS

Due to HYPERTENSIVE HEART DISEASE

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1318

Of autopsy

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) (e) Means of injury

23. Signature (M. D. or other) M.D. Address GENERAL HOSPITAL NO. 2 Date signed 12/26/46

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..... *J. Jerome Marlove*
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.