

FILED DEC 31 1946

State File No.

5268

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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: 2221 Michigan
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 (Specify whether years, months or days) 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2221 Michigan
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country no

3. (a) PRINT
FULL NAMEWINSTON, M.W. HOMES

3. (b) If veteran,

name war

no

3. (c) Social Security

492-14-0891

4. Sex MALE 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Addie Holmes 6. (c) Age of husband or wife if alive 63 years
 7. Birth date of deceased: Aug 10 1879
 (Month) (Day) (Year)

8. AGE: Years 67 Months 2 Days 25 If less than one day
 hr. min.

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

10. Usual occupation Music

11. Industry or business

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 Addie T.H. Holmes

(b) Address 2221 Michigan Ave

17. (a) Remove (b) Date thereof 12-18-46
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation University of Kansas City

18. (e) Signature of funeral director A.B. J. Moore

(b) Address 1820 E. 18th St

19. (a) 12-16-46 (b) Geraldine Holmes
 (Date received local Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 5
 year 1946 hour 4:30 AM M.

21. I hereby certify that I attended the deceased from August 31
1946 to December 5, 1946
 that I last saw him alive on December 5, 1946
 and that death occurred on the date and hour stated above.

Immediate cause of death

Hypertensive Cardiovascular Disease Duration 2 yrs.

Due to

Due to

Other conditions
 (Include pregnancy within 3 months of death)

Major findings:
 Of operations 93d

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?

While at work?

(Specify type of place)

(e) Means of injury U

23. Signature Donald B. Ferguson (M. D. or other)
 Address 1214 Vine St. KCMO Date signed 12/14/46

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

AB Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18th St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.