

No. 2
12-45
-17-39
X47070

FILED FEB 11 1947
Registration District No. 2479

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:
2439 Wabash
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether
in this community 32 Years 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. 2439 Wabash
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Carrie ~~Akins~~ AIKENS

3. (b) If veteran, name war No

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 25th
year 1947 hour 6 minute 15 A.M.

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife Leslev Akins AIKENS

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

7. Birth date of deceased January 25, 1893
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 1, 1946, to Jan 25, 1947.
that I last saw her alive on Jan 24, 1947.
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54 0 0 hr. min.

Immediate cause of death Intercranial Hemorrhage Duration 1 day

Due to Hypertension

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

Due to _____

Other conditions chronic nephritis
(Include pregnancy within 3 months of death)

10. Usual occupation Housework

Major findings:
Of operations _____

Of autopsy _____

11. Industry or business _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

12. Name William Rodlin

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

14. Maiden name Lucie Clark

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

16. (a) Informant Emma Cook

(b) Address 1228 Hill St. Jackson, M

17. (a) Burial (b) Date thereof 1/28/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

(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 W. H. Dyer

(b) Address 1739 Lydia Avenue

19. (a) 1-29-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature W. H. Dyer (M. D. or other) _____
Address Kansas City, Mo Date signed 1/27/47

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 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.