

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: **Wheatley Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **3 hr.**
(Specify whether years, months or days)
 In this community **23 Years**

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. **1220 Woodland**
(If rural, give location)
 (e) Citizen of foreign country? **No**
(Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **Charlie Kane**
 3. (b) If veteran, name war **No**
 3. (c) Social Security No. **708-01-7941**

4. Sex **Male** 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **Married**
 6. (b) Name of husband or wife **Lennie Kane**
 6. (c) Age of husband or wife if alive **50** years
 7. Birth date of deceased **January 25, 1901**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	46	2	12	hr. min.

9. Birthplace **Denver, Colorado**
(City, town, or county) (State or foreign country)

10. Usual occupation **Chef Cook**
 11. Industry or business **Burlington Railroad**

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 **Lennie Kane**
 (b) Address **1220 Woodland**

17. (a) **Burial** (b) Date thereof **4/11/47**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Watkins Bros.**
 (b) Address **1729 Lydia Avenue**
 19. (a) **4-9-47** (b) **Theraldine Holmea**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **4** day **7**
 year **1947** hour **10** minute **9** M.
 21. I hereby certify that I attended the deceased from **Deputy - Coroner**
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.
 Immediate cause of death **Cardiac Failure**
 Due to **Cardiac enlargement & Endocarditis**
 Due to **Chronic Nephritis**
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings: _____
 Of operations _____
 Of autopsy **Same as above**

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 **Deputy - Coroner**
 23. Signature **J. C. Williams** (M. D. or other) _____
 Address **2636 - Brooklyn** Date signed _____

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

4-9-47

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. James 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.