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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 9 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 2302

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 KCTB O.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Mo - 21 days
In this community 4 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas cy Mo 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1510 E 11th St 8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HYMES, Mattie
(b) If veteran, name war W
(c) Social Security No. 2200

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 25
year 1947 hour 12-35 minute P.M.
21. I hereby certify that I attended the deceased from 4-11-47
19____, to 5-25 1947
that I last saw her alive on May 25 1947
and that death occurred on the date and hour stated above.
Immediate cause of death Pulmonary Tuberculosis
Duration _____

4. Sex Female
5. Color of race Negro
6. (a) Single, widowed, married, divorced S U
(b) Name of husband or wife _____
(c) Age of husband or wife if alive years 16
7. Birth date of deceased Jan 16 1909
(Month) (Day) (Year)

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)
Major findings: 13.5
Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. AGE: Years 38 Months 4 Days 9
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laundry Worker

11. Industry or business _____

12. Name Lish Hymes 9

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

14. Maiden name Bertha Washington 7

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

16. (a) Informant: KCTB Hospital

(b) Address Kansas cy Mo

17. (a) Burial (b) Date thereof 5 27 47
(Burial, cremation or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn C-R

18. (a) Signature of funeral director Bailey Funeral Home

(b) Address 2065 N. 5th. K.C. Mo

19. (a) 5-26-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury 0

23. Signature M. B. Rosenberg (M. D. or other)
Address K-C Mo Date signed _____

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

MOTHER FATHER

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 W. M. Quenton

Licensed Embalmer No. 2007

P. O. Address 716 Kern

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.