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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 16 1947

Registration District No. 749

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 31079

Registrar's No. 3801

WRITE PLAINLY—USING 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: GENERAL HOSPITAL #2 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 DAYS (Specify whether

In this community 4 YEARS years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY (If outside city or town limits, write "RURAL")

(d) Street No. 2316 VINE (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME EDWARD BALTIMORE

3. (b) If veteran, name war No

3. (c) Social Security No. 370-18-2556

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife SOPHIA BALTIMORE

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased NOVEMBER 8, 1891 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
55	9	24	hr. min.

9. Birthplace ST. JOSEPH (City, town, or county) LOUISIANA (State or foreign country)

10. Usual occupation LABORER

11. Industry or business

FATHER

12. Name TOM BALTIMORE

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

MOTHER

14. Maiden name ALICE ROSE

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

16. (a) Informant SOPHIA BALTIMORE

(b) Address 2316 VINE

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/6/47 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Wathina Bros.

(b) Address 1729 Lydia Avenue

19. (a) 9-6-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPTEMBER day 2d year 1947 hour 11 minute 50 P. M.

21. I hereby certify that I attended the deceased from AUGUST 21, 1947, to SEPTEMBER 2, 1947, that I last saw him alive on SEPTEMBER 2, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death MULTIPLE MYELOMA

Due to

Due to

Other conditions TERMINAL BRONCHO PNEUMONIA (Include pregnancy within 3 months of death)

Major findings:
Of operations 55

Of autopsy SAME AS ABOVE

Duration

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature V. L. Dixon (M. D. ~~or other~~)

Address 600 E. 22d Date signed 9/3/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 Lester L. Lilly, Registered Apprentice No. 73, working under my personal supervision.

Signed D. J. Manlove

Licensed Embalmer No. 3994

P. O. Address 2603 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.