

FILED SEP 23 1947

Registration District No. 149

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:
Houl 1525 Brooklyn
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 45 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")
 (d) Street No. 1525 Brooklyn
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME ANNIE JENKINS
 3. (b) If veteran, name war None
 3. (c) Social Security No. Don't know
 4. Sex FE 5. Color or race NEGRO
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife BLANCHE
 6. (c) Age of husband or wife if alive 57 years
 7. Birth date of deceased APR 15 1887
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 9 day 9
 year 1947 hour 3 minute 9 M.
 21. I hereby certify that I attended the deceased from 19 to 19
 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 Carcinoma ?
Intestines ?

8. AGE: Years Months Days If less than one day
60 5 4 24 hr. min.

Due to Carcinoma ?
Intestines ?

9. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
 10. Usual occupation DOMESTIC

Other conditions (Include pregnancy within 3 months of death)
 Major findings: 485
 Of operations
 Of autopsy No Permit

MOTHER FATHER
 11. Industry or business
 12. Name HARVEY COLE
 13. Birthplace MISSOURI
(City, town, or county) (State or foreign country)
 14. Maiden name MARGIE KELLEY
 15. Birthplace MO
(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
 (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?

16. (a) Informant Maggie Cole
 (b) Address 1525 Brooklyn
 17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-47
(Month) (Day) (Year)
 (c) Place: burial or cremation Cole Junction, Mo

While at work? (Specify type of place)
 (c) Means of injury None
 23. Signature Hulligan (M. D. or other)
 Address 2636 Brooklyn Date signed

18. (a) Signature of funeral director Hulligan + Greenstreet
 (b) Address 1819 E. Olive K C Mo
 19. (a) 9-11-47 (Date received local registrar)
 (b) Geraldine Helms (Registrar's signature)

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

APR 29 1953

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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..... *Wm G. Flynn*

Licensed Embalmer No. *4383*

P. O. Address *1819 E. 15th Kerns*

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.