No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 29 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31336

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 3947

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 Providence Hosp (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 11 da (Specify whether
In this community: 2 yrs (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3 (If outside city or town limits, write "RURAL") 8
(d) Street No.: 1415 Holmes 0 (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: CORA MAYS
3. (b) If veteran, name war: no
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Osie Mays
6. (c) Age of husband or wife if alive: 51 years
7. Birth date of deceased: Feb (Month) 3 (Day) 1904 (Year)

8. AGE: Years 43 | Months 7 | Days ~~3~~ 12 | If less than one day ... hr. ... min.

9. Birthplace: Shreneport La. (City, town, or county) (State or foreign country)
10. Usual occupation: Housewife
11. Industry or business:
FATHER
12. Name: Doc Edwards
13. Birthplace: La (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Julia Irving
15. Birthplace: La (City, town, or county) (State or foreign country)
16. (a) Informant: Osie Mays
(b) Address: 1415 Holmes
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9/16/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cem
18. (a) Signature of funeral director: E. Sterling Bills
(b) Address: 1212 Vine St K C Mo
19. (a) 9-16-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 15 year 1947 hour ... minute ... P.M.
21. I hereby certify that I attended the deceased from Sept 2 1947 to Sept 13 1947 that I last saw her alive on Sept 13 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Hemorrhagic Pancreatitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12 8

Of autopsy

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: [signature] (M. D. or other) MD
Address: 1138 Troost Date signed: 9-16-47

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.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed E Sterling Bills

Licensed Embalmer No. 3178

P. O. Address 1212 vine St K.C.M.

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.