

FILED FEB 17 1949
Registration District No. _____

Primary Registration District No. **1002**

WRITE PLAINLY—USE 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 NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 DAYS**
In this community **20 YRS.**
years, months or days

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. **311 E. 20TH ST.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **IRENE ROYAL**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **495-10-6654**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **FEBRUARY** day **3**, year **1948** hour **2:** minute **40 P.** M.

4. Sex **FEMALE** 5. Color or race **NEGRO**
6. (a) Single, widowed, married, divorced **MARRIED**
6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive **link** years
7. Birth date of deceased **J May 15, 1904**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **JANUARY 19, 1948** to **FEBRUARY 3, 1948** that I last saw **ER** alive on **FEBRUARY 3, 1948** and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	43	8	18	hr. min.

Immediate cause of death **CEREBRAL VASCULAR ARTERIOSCLEROSIS**
2. CEREBRAL THROMBOSIS
3. ENCEPHALOMACIA

9. Birthplace **LITTLE ROCK** **ARKANSAS**
(City, town, or county) (State or foreign country)

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

10. Usual occupation **LAUNDRESS**

Major findings: Of operations **83**

11. Industry or business _____

Of autopsy **SAME AS ABOVE**

MOTHER FATHER {
12. Name **WILLIE WHITFIELD**
13. Birthplace **LITTLE ROCK** **ARKANSAS**
(City, town, or county) (State or foreign country)
14. Maiden name **HATTIE SMITH**
15. Birthplace **HASKELL** **OKLAHOMA**
(City, town, or county) (State or foreign country)

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant **WILLIE HANEY (SISTER)**
(b) Address **311 E. 20TH ST.**

22. If death was due to external causes, fill in the following:

17. (a) **Burial** (b) Date thereof **2/7/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(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? _____

(c) Place: burial or cremation **Lincoln Cemetery**

While at work _____ (Specify type of place) (a) **Site** of injury _____

18. (a) Signature of funeral director **Arthur J. ...**
(b) Address **1729 Lydia Ave.**
19. (a) **2-6-48** (b) **Elizabeth Holmes**
(Date received local registrar) (Registrar's signature)

23. Signature **[Signature]** (M. D. or other) **M. D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **2/4/48**

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

D. J. Mendel

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.