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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8674

FILED APR 12 1948

Registration District No. 849

Primary Registration District No. 1002

Registrar's No. 1305

1. PLACE OF DEATH:
(a) County: Jackson
(b) City or town: Kansas City Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: K.C.T.B. Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 mo. (Specify whether years, months or days)
In this community: 5 yrs.

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.: 1130 Woodland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country:

3. (a) PRINT FULL NAME: Douglas, ANDREW
3. (b) If veteran, name war: no
3. (c) Social Security No.: unknown.
4. Sex: M
5. Color or race: Negro
6. (a) Single, widowed, married or divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Feb. (Month) 6 (Day) 1912 (Year)

8. AGE: Years	Months	Days	If less than one day
36	1	15	hr. min.

9. Birthplace: Wardenell (City, town, or county) ark. (State or foreign country) 1
10. Usual occupation: unknown.
11. Industry or business:
12. Name: Douglas, Charlie
13. Birthplace: Dardenell (City, town, or county) ark. (State or foreign country) 1
14. Maiden name: Dickey, Myrle
15. Birthplace: Dardenell (City, town, or county) ark (State or foreign country) 1
16. (a) Informant: K.C.T.B. Hospital
(b) Address: Lees Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 3/25/48 (Month) (Day) (Year)
(c) Place: burial or cremation: Lincoln Cemetery
18. (a) Signature of funeral director: E. Sterling Bell
(b) Address: 1212 Vine St. Kansas City, Mo
19. (a) 3-25-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 21 year: 1948 hour: 6 30 minute: A. M.
21. I hereby certify that I attended the deceased from July 21, 1947 to March 21, 1948 that I last saw him alive on March 21, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pulmonary Tuberculosis	
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 1 3 B	
Of autopsy:	

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: William Dean May (M. D. or other) MD
Address: K.C. 3, Mo. Date signed:

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 K.C. Mo.

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.