

Registration District No. 149

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 8HRS. - 30 MINS.
(Specify whether years, months or days) 52 YRS.

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. 1735 FOREST
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

JULIA TATE

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race NEGRO 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife Joseph Tate 6. (c) Age of husband or wife if alive years

7. Birth date of deceased FEBRUARY 17, 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 0 Days 28 If less than one day hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation DOMESTIC WORK

11. Industry or business

12. Name FELIX SLAUGHTER

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

14. Maiden name NANNIE DALE

15. Birthplace SWAN LAKE MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant HOYT TATE (SON)

(b) Address 1735 TROOST

17. (a) Burial (b) Date thereof 3/19/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 1729 Lydia Ave.

19. (a) 3-17-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 15,
year 1948 hour 9: minute 40 A. M.

21. I hereby certify that I attended the deceased from MARCH 14, 1948, to MARCH 15, 1948
that I last saw h ER alive on MARCH 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death 1. BILATERAL BRONCHO-PNEUMONIA
2. RHEUMATIC HEART DISEASE
Due to 3. MILD ARTERIOSCLEROSIS

Due to
Other conditions
(Include pregnancy within 3 months of death) 95%

Major findings:
Of operations
Of autopsy SAME AS ABOVE

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?

While at work? (Specify type of place) (c) Means of injury

23. Signature [Signature] or other M.D.
Address GENERAL HOSPITAL NO. 2 Date signed 3/16/48

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

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 J. Jerome Manlove

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.