S. No. 300
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUN 12 1948

Registration District No. 949

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 16562
Registrar's No. 2303

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 #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4½ hours (Specify whether years, months or days)
In this community 56 years

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")
(d) Street No.: 2441 Paseo 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME: Emma Tolson
3. (b) If veteran, name war: no
3. (c) Social Security No.: no

4. Sex: Female 3
5. Color or race: Negro
6. (a) Single, widowed, married, divorced: Widowed 2
6. (b) Name of husband or wife: Alonzo A. Tolson
6. (c) Age of husband or wife if alive: dead years
7. Birth date of deceased: 9 (Month) 22 (Day) 1884 (Year)

8. AGE: Years 63 | Months 8 | Days 4 | If less than one day ___ hr. ___ min.

9. Birthplace: Lexington (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation: House Work
11. Industry or business: own Home & Private Family

FATHER
12. Name: Charles Clark
13. Birthplace: Missouri 0 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Hawkins
15. Birthplace: Lexington (City, town, or county) Missouri 0 (State or foreign country)

16. (a) Informant: Minnie Brown
(b) Address: 2441 Paseo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 6-2-1948 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland Cemetery
18. (a) Signature of funeral director: Mrs. J. W. Jones
K.C. Embalming & Casket Co.
(b) Address: 440 state ave. K.C. Kansas
19. (a) 6-1-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 5 day 26 year 1948 hour 6 minute 45 P.M.
21. I hereby certify that I attended the deceased from Deputy to Coroner, 19__;
that I last saw him alive on 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Massive Cerebral Hemorrhage
Due to: Gen. Arteriosclerosis
Due to: Clinical Hypertension
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 83a
Of autopsy: Same as above

Duration

PHYSICIAN — Underline the cause to 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
23. Signature: J. Ruchlamer O (M. D. or other)
Address: 2686 Brooklyn Date signed: 5-28-48

(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., Kansas City, 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.