

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

19425

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2700

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 12 HRS.
In this community 18 YRS.
(Specify whether 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. 2023 PROSPECT
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DORA COLE

3. (b) If veteran, name war no 3. (c) Social Security No. 323-24-5564

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

6. (b) Name of husband or wife W. C. Cole 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: FEBRUARY 15, 1893
(Month) (Day) (Year)

8. AGE: Years 55 Months 5 Days 10
If less than one day hr. _____ min. _____

9. Birthplace NATCHITOCHESS LOUISIANA
(City, town, or county) (State or foreign country)

10. Usual occupation DISHWASHER

11. Industry or business _____

12. Name MOSE HARRISON

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

14. Maiden name ALICE

15. Birthplace SHREVEPORT LOUISIANA
(City, town, or county) (State or foreign country)

16. (a) Informant RUBY-THOMAS (NIECE)
(b) Address 2023 PROSPECT

17. (a) Burial (b) Date thereof 6/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director E. Sterling Bell
(b) Address 1212 W. 12th St. K.C. Mo

19. (a) 6-29-48 (b) Maudine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 25, year 1948 hour 5: minute 00 P. M.

21. I hereby certify that I attended the deceased from JUNE 25, 1948 to JUNE 25, 1948.
that I last saw h. ER alive on JUNE 25, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death DIABETES MELLITUS Duration _____

Due to DIABETIC ACIDOSIS

Due to _____

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

Major findings: Of operations 61

Of autopsy _____

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 (Specify type of place) (e) Means of injury 0

23. Signature [Signature] (M. D. or other) 6/26/48
Address GENERAL HOSPITAL NO. 2 Date signed _____

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

MOTHER FATHER

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. Stechy Bell

Licensed Embalmer No. *3178*

P. O. Address *1219 Pine St*

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.