

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:
1219 Michigan
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community **15 years**
(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. **1219 Michigan**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Annie Gaines**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **None**

4. Sex **Female** 3

5. Color or race **Negro**

6. (a) Single, widowed, married, divorced **widowed** 2

6. (b) Name of husband or wife **George Gaines**

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **February - 6 - 1870**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
78	23	27	hr. _____ min. _____

9. Birthplace **Alma Ark.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business **None**

MOTHER FATHER {

12. Name **Unknown** 9

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

14. Maiden name **Unknown** 7

15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mattie Perry (Daughter)**

(b) Address **1219 Michigan**

17. (a) **Burial** (Burial, cremation, or removal)

(b) Date thereof **6/7/48**
(Month) (Day) (Year)

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

18. (a) Signature of funeral director **E. Stahly Balla**

(b) Address **1212 Vine St. Kansas City, Mo.**

19. (a) **6-7-48** (Date received local registrar)

(b) **Geraldine Adames** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **6** day **3**
year **1948** hour **2** minute **30** M.

21. I hereby certify that I attended the deceased from **5/20/48** to **6/3/48**
that I last saw him alive on **6/2/48**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Insufficiency**

Due to **Essential Hypertension**

Due to **Cirrhosis Liver**

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

Major findings: Of operations **no.**

Of autopsy **no.**

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) **no.**

(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) (e) Means of injury

23. Signature **M. D. Cooney** (M. D. cooney)
Address **2131 E. 24th St** Date signed **6/7/48**

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.....
Edward Huff....., Registered Apprentice No. *224*
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.