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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 13 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19797

Registration District No. 1 8 8

Primary Registration District No. 5572

Registrar's No. 120

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Prairie - Rural.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Home for Negroes 5
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 Years (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Independence 48
(If outside city or town limits, write "RURAL")
(d) Street No. Fees Summit Rd. 4
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Ella Titwell.
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race NEGRO
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Dont KNOW (Month) (Day) (Year)

8. AGE: Years About 75 | Months | Days | If less than one day hr. min.

9. Birthplace (City, town, or county) OKLA (State or foreign country)
10. Usual occupation Dont KNOW
11. Industry or business
FATHER
12. Name Dont KNOW 9
13. Birthplace (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name " 9
15. Birthplace (City, town, or county) (State or foreign country)
16. (a) Informant Jackson County Home records
(b) Address Rural #4 Independence MO
17. (a) Anatomical (Burial, cremation, or removal) (b) Date thereof 6-22-1948 (Month) (Day) (Year)
(c) Place: burial or cremation K.C. Ostepatic School
18. (a) Signature of funeral director Brady - Brown
(b) Address 1708 Tracy
19. (a) 6-22-48 (Date received local registrar) (b) Donald C. Earnshaw (Registrar's signature) 454

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 15 year 48 hour 10 minute a M.
21. I hereby certify that I attended the deceased from June 10th, 1948, to June 15, 1948
that I last saw h alive on , 19
and that death occurred on the date and hour stated above.
Immediate cause of death Circulatory failure — Duration 1 day
Due to Cardio-Renal Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations 3/10
Of autopsy

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 0
23. Signature S. N. Griffin (M. D. or other)
Address Independence Mo Date signed 6-17-48

(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 L. J. HARRYS

Licensed Embalmer No. 3388

P. O. Address K. C. MO.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply witb the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.