S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 25 1948

Registration District No. 149

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 29842

Registrar's No. 3757

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: K. C. T. B. Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo - 9 days (Specify whether years, months or days)

In this community 18 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48 3

(c) City or town Kansas City 8
(If outside city or town limits, write "RURAL") U

(d) Street No. 3404 Hardesty
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Ernest Larry

3. (b) If veteran, name war None

3. (c) Social Security No. 493-17-8522

4. Sex M. 2

5. Color or race Negro

6. (a) ~~Single, widowed~~, married, ~~divorced~~ M. 1

6. (b) Name of husband or wife Elizabeth Larry

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 7 (Day) 1897 (Year)

8. AGE: Years 51 Months 6 Days 4 If less than one day ____ hr. ____ min.

9. Birthplace Bungerton Mo (City, town, or county) U (State or foreign country)

10. Usual occupation None

11. Industry or business

MOTHER FATHER

12. Name John Larry

13. Birthplace Bungerton-Mo (City, town, or county) U (State or foreign country)

14. Maiden name Fannie Raglin

15. Birthplace Bungerton Mo. (City, town, or county) U (State or foreign country)

16. (a) Informant K. C. T. B Hosp

(b) Address Lees Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/16/48 (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director Sterling Bell

(b) Address 1213 Vine K.C. Mo

19. (a) 9-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 11 year 1948 hour 4 minute 10 A. M.

21. I hereby certify that I attended the deceased from Aug 2 - 1948, to Sept 11 1948 that I last saw him alive on Sept 10 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary F. A. Tuberculosis C. Draining Inguinal Sinus

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 13, 15

Of autopsy

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 U

23. Signature G. K. Landis (M. D. ~~or other~~)

Address T. B. Hosp. Date signed

(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 Bell

Licensed Embalmer No. 178

P. O. Address 1212 Vine St., K.C., 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.