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

FILED JUL 8 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19678

State File No. 2724

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Florence Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 928 Freeman

3. NAME OF DECEASED (Type or Print): a. (First) Percy b. (Middle) Lee c. (Last) Madkins

4. DATE OF DEATH (Month) 6 (Day) 19 (Year) 1949

5. SEX Female

6. COLOR OR RACE Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH 6-28-1931

9. AGE (In years last birthday): 17 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Girl

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): New Port, Arkansas

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Percy Madkins

13b. MOTHER'S MAIDEN NAME Lule Moses

14. NAME OF HUSBAND OR WIFE --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Lula Smith — ADDRESS 928 Freeman Kans.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Endocarditis Acute — INTERVAL BETWEEN ONSET AND DEATH: 3 Mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Maternal Insufficiency Pregnancy To Term — 4 Days

DUE TO (c) Syphilis (Primary) — Indefinite

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Nephritis of Pregnancy

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19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16-, 1949 *to* 6-19-, 1949 *that I last saw the deceased alive on* 6-19-, 1949 *and that death occurred at* 1:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Eugene P. Chatman (Degree or title) MD — **23b. ADDRESS** 2202½ E. 18th St — **23c. DATE SIGNED** 6-22-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE 6-22-1949

24c. NAME OF CEMETERY OR CREMATORY Westlawn

24d. LOCATION (City, town, or county) (State): Kansas City, Kansas

DATE REC'D BY LOCAL REG. 6-23-49 — REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Mrs. J. W. Jones — ADDRESS 440 state ave. K. C. Kans.

(Licensed Embalmer's Statement on Reverse Side)

Chatman
2202 E. 18th.

JUL 1940

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 ....., Student Embalmer No. ....., working under my personal supervision.

Signed Eugene English

Signed ..... Student Embalmer

Licensed Embalmer No. 4105

P. O. Address 440 State Ave. K. C. Kans.

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.