S. No. 300
v. 10.48

FILED JUL 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20516

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2824

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): 1 day 6 y 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSPITAL #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): INDEPENDENCE 0484
d. STREET ADDRESS (If rural, give location): 514 South Hocker Street

3. NAME OF DECEASED (Type or Print)
a. (First): CEDRIC
b. (Middle): LEROY
c. (Last): TUCKER

4. DATE OF DEATH (Month) JUNE (Day) 22 (Year) 1950

5. SEX: MALE 2
6. COLOR OR RACE: NEGRO
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE 0
8. DATE OF BIRTH: APRIL 18 1944
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 2 Days 3 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CHILD
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): INDEPENDENCE, MISSOURI 0
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: OWEN TUCKER
13b. MOTHER'S MAIDEN NAME: JUANITA SHOBE
14. NAME OF HUSBAND OR WIFE: Child

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: JUANITA TUCKER 514 So. Hocker; ADDRESS: Indep. Mo

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) GENERALIZED PERITONITIS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) FIBRINOUS PLEURITIS WITH EFFUSION
DUE TO (c) SUB ACUTE GLOMERULONEPHRITIS

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

INTERVAL BETWEEN ONSET AND DEATH: 591 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] 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* 6-21, 19 50, *to* 6-22-, 19 50, *that I last saw the deceased alive on* 6-22, 19 50 *and that death occurred at* 1:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. Frank Ellis MD
23b. ADDRESS: 600 East 22nd Street
23c. DATE SIGNED: 6-22-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 0
24b. DATE: 6-26-50
24c. NAME OF CEMETERY OR CREMATORY: Tucker
24d. LOCATION (City, town, or county) (State): Indep. Mo.

DATE REC'D BY LOCAL REG.: 6-26-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: C. E. Davis
ADDRESS: 1513 Troost

(Licensed Embalmer's Statement on Reverse Side)

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

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....
Student Embalmer

Licensed Embalmer No. 4417

P. O. Address 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.