

FILED MAR 17 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8624

824

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.				
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>						
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>40 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>						
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1806 Forest</u>				d. STREET ADDRESS <u>1806 Forest</u>						
3. NAME OF DECEASED (Type or Print) <u>Will</u>			a. (First)		b. (Middle)		c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 '51</u>			5. SEX <u>Male</u>		6. COLOR OR RACE <u>Colored</u>		7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>			
8. DATE OF BIRTH <u>Oct. 1882</u>			9. AGE (In years, months, days) <u>68</u>		IF UNDER 1 YEAR Months Days		IF UNDER 1 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Porter</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Odd Jobs</u>		11. BIRTHPLACE (State or foreign country) <u>Louisiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Rosie</u>			14. NAME OF HUSBAND OR WIFE <u>Alice & Lewis</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Alice Lewis 1806 Forest, K. C. Mo.</u>				ADDRESS		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Trauma & Possibly Skull Fracture</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fall down Stairway</u> DUE TO (c) <u>Fall down Stairway</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH <u>90⁰⁰ 31</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>123</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT (Specify) <u>Slip and Fall Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>1806 Forest</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>K.C. Jackson Mo</u>						
21d. TIME OF INJURY (Month) (Day) (Year) <u>2/2/1951</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>fall down stairway.</u>						
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.										
23a. SIGNATURE <u>Thos. A. Jones</u>				23b. ADDRESS <u>1617 E 12 St</u>			23c. DATE SIGNED <u>2/20/51</u>			
24a. BURIAL CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-20-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Westlawn Ceme.</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo</u>				
DATE REC'D BY LOCAL REG. <u>2-22-51</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Ed. Davis</u>				ADDRESS <u>1415 Truman Rd.</u>	

(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 _____

W. B. Davis

Signed _____
Student Embalmer

Licensed Embalmer No. *4417*

P. O. Address *W. C. Moore*

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.