

FILED DEC. 23 1953

THE DEPARTMENT OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42879**

Registrar's No. **5682**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (in this place) **About 7yrs.**  
c. CITY OR TOWN **Kansas City** d. Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: **Wheatley Provident Hosp** e. STREET ADDRESS (If rural, give location) **1101 Vine**

3. NAME OF DECEASED  
a. (First) **ANNIE** b. (Middle) **MAE** c. (Last) **ELSE** 4. DATE OF DEATH **Dec. 1, 1953**

5. SEX **Female** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **Feb. 21, 1921** 9. AGE (In years last birthday) **32** 10. MONTHS **3** 11. HOURS **32** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (City and State or Foreign Country) **Caddo Parish, La.** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **George Hill** 13b. MOTHER'S MAIDEN NAME **Joanner Adams** 14. NAME OF HUSBAND OR WIFE **Earnest Else**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **NO** 16. SOCIAL SECURITY NO. **---** 17. INFORMANT'S SIGNATURE OR NAME **Earnest Else - 1101 Vine** ADDRESS \_\_\_\_\_

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Cerebral Hemorrhage**  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
**331X**

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) \_\_\_\_\_ 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 **Feb. 4**, 19 **50** to **Dec. 1**, 19 **53**, that I last saw the deceased alive on **Dec. 1**, 19 **53**, and that death occurred at **11:00** p.m., from the causes and on the date stated above.

23a. SIGNATURE **L. V. Miller MD** (Degree or title) 23b. ADDRESS **1211 Paseo** 23c. DATE SIGNED **12/2/53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removal** 24b. DATE **12/3/53** 24c. NAME OF CEMETERY OR CREMATORY **Lincoln Memorial Cem** 24d. LOCATION (City, town, or county) (State) **Dallas, Texas**

DATE REC'D BY LOCAL REG. **12-3-53** REGISTRAR'S SIGNATURE **Suzaldine Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **E. Sterling Bills** ADDRESS **1212 Vine**

(Licensed Embalmer's Statement on Reverse Side)

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

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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..

Student.....  
Signature of Student Embalmer

Signed *Laurence A. Jones*.....

Licensed Embalmer No..... *4429*

P. O. Address *1212 Van St.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.