

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 18950
2490

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 limitation: 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) 6 yrs.		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>									
d. FULL NAME OF HOSPITAL OR INSTITUTION General #2				e. STREET ADDRESS (If rural, give location) 2212 Flora 3328											
3. NAME OF DECEASED (Type or Print) a. (First) Izolar			b. (Middle)		c. (Last) Hammonds		4. DATE OF DEATH (Month) (Day) (Year) 5 28 54								
5. SEX 3 Female		6. COLOR OR RACE Colored		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Unknown 1915		9. AGE (In years last birthday) 39		10. IF UNDER 1 YEAR Months		11. IF UNDER 2 HRS. Days		12. IF UNDER 15 MIN. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic				10b. KIND OF BUSINESS OR INDUSTRY				11. BIRTHPLACE (City and State or Foreign Country) Anniston, Alabama				12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Perry Allen				13b. MOTHER'S MAIDEN NAME Pearl Green				14. NAME OF HUSBAND OR WIFE James Hammonds							
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. Unknown				17. INFORMANT'S SIGNATURE OR NAME Willie Allen				ADDRESS 3300 Drury			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Anesthesia DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										INTERVAL BETWEEN ONSET AND DEATH 214 h.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Multiple uterine fibroids										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?									
22. I hereby certify that I attended the deceased from 5-24-54, 1954, to 5-28-54, 1954, that I last saw the deceased alive on 5-28-54, 1954, and that death occurred at _____ m., from the causes and on the date stated above.															
23a. SIGNATURE E. Frank Elns (Degree or title) 0								23b. ADDRESS 600 E. 22nd				23c. DATE SIGNED 6-1-54			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6/3/54		24c. NAME OF CEMETERY OR CREMATORY				24d. LOCATION (City, town, or county) (State) Anniston, Alabama							
DATE REC'D BY LOCAL REG. 6-3-54		REGISTRAR'S SIGNATURE Geraldine Smith				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wathens Bros. 18th & Benton									

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

Student.....
Signature of Student Embalmer

Signed *Bruce L. Watkins*

Licensed Embalmer No. *450*

P. O. Address *18th St. Ben*

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.