

FILED APR 4 1955

CERTIFICATE OF DEATH

State File No. 1025

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1025

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

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) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) 4 1/2 yrs		e. STREET ADDRESS (If rural, give location) 2112 Prospect 3328	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 21st and Prospect			
3. NAME OF DECEASED (Type or Print) William James		4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1955	
a. (First) William b. (Middle) James c. (Last) James			
5. SEX Male	6. COLOR OR RACE Col.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 29, 1878
9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 76 Days	IF UNDER 24 HRS. Hours 76 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) odd jobs		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Marion County, Ind.
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Walter James		13b. MOTHER'S MAIDEN NAME Martha (unknown)	14. NAME OF HUSBAND OR WIFE Sadie B. James
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. 500-226466	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Welfare Records, K.C., 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of Skull - auto + pedestrian	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Multiple Rib Fractures		INTERVAL BETWEEN ONSET AND DEATH 28 1/2 hrs	
DUE TO (c) Punctured Lungs		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture lower third right leg, Compound Fracture of middle third left leg	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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.) street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Kansas City Jackson Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-20-55		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Auto + pedestrian
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 L. M. Tillman (Degree or title) Deputy Coroner		23b. ADDRESS M. 8 1618 Lydia Ave	23c. DATE SIGNED 3/4/55
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/8/55	24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
DATE REC'D BY LOCAL REG. 3-7-55	REGISTRAR'S SIGNATURE Neva Minshall	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Badeau, Appleton & Jones, K.C., Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 *Conrad Gladys Bada*

Licensed Embalmer No. 494

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