. Health,
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THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

58-025552
STATE FILE NUMBER

FILED AUG 15 1958 Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 3677

**1. PLACE OF DEATH**
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☐ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #2 — Length of stay in Ib 6 days

**2. USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City 7000 — Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) Ja. Co. Home for Negroes — Reside on Farm Yes ☐ No ☐

**3. NAME OF DECEASED** (Type or print) First James Middle Last Hollens

**4. DATE OF DEATH** Month Day Year July 26, 1958

**5. SEX** Male

**6. COLOR OR RACE** Negro

**7.** MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ DIVORCED ☐

**8. DATE OF BIRTH** 1-11-1879

**9. AGE** (In years last birthday) 79 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) Common Laborer

**10b. KIND OF BUSINESS OR INDUSTRY**

**11. BIRTHPLACE** (City and state or country) Hamilton, Mo.

**12. CITIZEN OF WHAT COUNTRY?** U. S. A.

**13a. FATHER'S NAME** Elijah Hollens

**13b. MOTHER'S MAIDEN NAME** Unknown

**14. NAME OF HUSBAND OR WIFE** Unknown

**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** Pearl Smith Address ???? 1208 N. 13th. st Kansas

MEDICAL CERTIFICATION

**18. CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ~~Undetermined until later contact with doctor.~~ Gangrene of left foot
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis
DUE TO (c) 45d

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

**19. WAS AUTOPSY PERFORMED?** YES ☐ NO ☒

**20a.** ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

**20b. DESCRIBE HOW INJURY OCCURRED.** (Enter nature of injury in PART I or PART II of item 18.)

**20c. TIME OF INJURY** Hour a.m. p.m. Month, Day, Year

**20d. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐

**20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.)

**20f.** CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from July 20, 1958, to July 26, 1958 and last saw her/him alive on July 26, 1958
Death occurred at 7:25 Pm on the date stated above; and to the best of my knowledge, from the causes stated.

**22a. SIGNATURE** (Degree or title) E. Frank Ellis

**22b. ADDRESS** 600 E; 22nd Street

**22c. DATE SIGNED** 7-29-58

**23a. BURIAL, CREMATION, REMOVAL** (Specify) Burial

**23b. DATE** 7/30/1958

**23c. NAME OF CEMETERY OR CREMATORY** Westlawn Cemetery

**23d. LOCATION** (City, town, or county) (State) Kansas City, Kansas

**24. FUNERAL DIRECTOR** Mrs. J. W. Jones **ADDRESS** 440 state ave. Kans.

**25. DATE RECD. BY LOCAL REG.** 7-31-58

**26. REGISTRAR'S SIGNATURE** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

E. Frank Ellis

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 Eugene English

Licensed Embalmer No. 4105

P. O. Address 4660 State

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.