

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4698

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
General Hospital No. 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 11-23 to 12-8-39
 (Specify whether
 In this community 15 years
 years, months or days)

3. (a) PRINT FULL NAME Calvin Amerson 562
 3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife Sallie Amerson 6. (c) Age of husband or wife if alive 15 years
 7. Birth date of deceased 8 (Month) 15 (Day) 1876 (Year)

8. AGE: Years 63 Months 3 Days 23 If less than one day hr. _____ min. _____

9. Birthplace Texas
 (City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

MOTHER FATHER
 { 12. Name unknown
 13. Birthplace unknown
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Susan Burdette
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 12-12-1939
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Madeline Ross

(b) Address 1729 Lydia

19. (a) Dec. 12, 1939 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo. (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2116 Bales Ave.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 8
 year 39 hour 7 minute 45 P.M.

21. I hereby certify that I attended the deceased from 11-23, 1939 to 12-8-, 1939
 that I last saw him alive on 12-8-, 1939
 and that death occurred on the date and hour stated above.

Immediate cause of death Uremia

Due to Chronic Nephritis

Due to 131

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____
 Of autopsy _____

Duration _____
PHYSICIAN

 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? 1 (Specify type of place) _____
 Means of injury _____

23. Signature J. A. Stewart (M.D. or other) _____
 Address General Hospital #2 Date signed 12-11

WHILE FILLING IN—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 13 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed *Isaac Jerome Manlove*

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd 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 this body is not embalmed, above space should be left blank.