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4-41
7-39
X28380

DEC 22 1941

State File No.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4378

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(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 10-20-41-11-16-41
(Specify whether 8 years
In this community 8 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1330 Euclid
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 16
year 1941 hour 5 minute 55 a. M.
21. I hereby certify that I attended the deceased from October 20 19 41 to November 16 19 41
that I last saw h. er. alive on November 16 19 41
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis
(Far Advanced)

Due to 12 B

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)

While at work? Yes (Specify type of place) Means of injury
23. Signature J. C. Crow (M. D. or other) San Diego 12-6-41
Address San Diego 12-6-41 Date signed 11-17-41

3. (a) PRINT FULL NAME PRINCELLA WINGFIELD

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nathaniel Wingfield 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased May 10 1910
(Month) (Day) (Year)

8. AGE: Years 31 Months 6 Days 6 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Deceased

13. Birthplace Unknown
(City, town, or county) (State or foreign country)

14. Maiden name Mary James

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

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Burial (b) Date thereof 11-26-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Houston, Texas

18. (a) Signature of funeral director Adriano Bros.

(b) Address 2000 E. 12th

19. (a) 11-26-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

WRITE PLAINLY—USE 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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed

Edw G Evans

Licensed Embalmer No.

3876

P. O. Address.....

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, fact should be so stated above.