

FILED JUN 11 1942

Registration District No. 2349

Primary Registration District No. 1002

Registrar's No. 2178

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 5-5-42-5-27-42
(Specify whether years, months or days) 20 years

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. 1727 1/2 Brooklyn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME WILLIAM FRANCIS

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Louise Francis 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased August 22 1877
(Month) (Day) (Year)

8. AGE: Years 64 Months 9 Days 5 If less than one day hr. _____ min. _____

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Theodore Francis

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

14. Maiden name Sadie

15. Birthplace unk. 9
(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 6-1-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hughland

18. (a) Signature of funeral director E. Stealing, Bill

(b) Address 1212

19. (a) 6-1-42 (b) M. M. [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27
year 1942 hour 7 minute 15 p.m.

21. I hereby certify that I attended the deceased from May 5 1942, to May 27 1942.

that I last saw him alive on May 27 1942.

and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure

Due to Hypertensive type heart disease

Due to _____

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

Major findings: Of operations _____

Of autopsy _____

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? _____ (Specify type of place) Means of injury _____

23. Signature [Signature] (M.D. or other) _____
Address St. Louis #2-600 E. 220 Date signed 5-28-42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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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

E. Sterling Bills

Licensed Embalmer No.

3178

P. O. Address

1212 Pine St. / 4/22

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.