

FILED JUL 13 1943 49  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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

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 #2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6/4-6/23/43  
(Specify whether years, months or days)

In this community 50 Years  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME AMANDA DOUGLASS

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex fee. 5. Color or Race Negro

6. (a) Single, widowed, married, divorced unm.

6. (b) Name of husband or wife unknown

6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 21 1869  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
74	0	2	hr. min.

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

10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Monroe Wilcox

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

14. Maiden name W. B. Brown

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 6-30-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Buried

18. (e) Signature of funeral director Wm A. Johnson

(b) Address City, Missouri

19. (a) 6-30-43 (b) J. E. Brown  
(Date received local registrar) (Registrar's signature)

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. 1326 E. 16th--3rd fl.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 23  
year 1943 hour 4:45 minute A. M.

21. I hereby certify that I attended the deceased from June 4, 1943 to June 23, 1943;  
that I last saw her alive on June 23, 1943,  
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive type heart disease with decompensation; Chronic Nephritis Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions 131B  
(Include pregnancy within 3 months of death)

Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) No

(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)

(e) Means of injury \_\_\_\_\_

23. Signature J. E. Brown (M. D. or other) \_\_\_\_\_  
Address Gen. Hosp #2 - 600 E 22 Date signed 6-22

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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.....

Licensed Embalmer No.....

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.**