

FILED MAY 11 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1926

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 4-25-44-4-30-44
(Specify whether
In this community 52 years
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. 1308 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME BENJAMIN COTTON

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 Widower
6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive 1 years
7. Birth date of deceased May 1 1883
(Month) (Day) (Year)

8. AGE: Years 60 Months 11 Days 29 If less than one day hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

12. Name Jacob Cotton
13. Birthplace Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name Nancy ?
15. Birthplace Va.
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 5-4-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director S. Sterling Bills
(b) Address 11-C-20

19. (a) 5-3-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 30
year 1944 hour 2:45 minute A. M.

21. I hereby certify that I attended the deceased from April 25 1944 to April 30 1944
that I last saw him alive on April 30 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Diabetic Acidosis Duration

Due to Diabetic Acidosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy 6/

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

23. Signature T. E. Brown (M. D. or other)
Address Gen. Hosp! #2 600 E. 22nd Date signed 5-2-44

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 E. Sterling Bills
Licensed Embalmer No. 3178
P. O. Address 1212 Vine K. S. W.

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.