

FILED NOV 13 1944

Registration District No. 1944

Primary Registration District No. 1002

Registrar's No. _____

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:
Gen. Hosp. #2 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10-17-44-10-23-44
(Specify whether years, months or days)

In this community 63 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 47

(c) City or town Kansas City
(If outside city or town limits, write "RURAL") 3

(d) Street No. 2307 Highland
(If rural, give location) 1

(e) Citizen of foreign country? No (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME ALICE ELLIOT

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro

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

6. (b) Name of husband or wife unk.

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

7. Birth date of deceased February 9 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 23
year 1944 hour 8:15 minute P. M.

21. I hereby certify that I attended the deceased from Oct. 17
1944 to Oct. 23, 1944;

that I last saw her alive on Oct. 23, 1944;
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>8</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Terminal Broncho pneumonia

Due to Cardiac Deomepnsation

Due to Hypertension

Other conditions _____

(include pregnancy within 3 months of death)

9562

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

10. Usual occupation Unemployed

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name Thomas Hurt

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

14. Maiden name Tennessee Eurine

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

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

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

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

17. (a) Burial (b) Date thereof Oct 28 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland

(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? _____

18. (a) Signature of funeral director W. J. Atkins Pres. Mort.

(b) Address 1729 Lydon

19. (a) 10-28-44 (b) D. C. Brown
(Date received local registry) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature D. C. Brown (M. D. or other) _____

Address Gen. Hosp. #2 600 E. 22nd Date signed 10-26-44

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.....
.....
Licensed Embalmer No. 3994
P. O. Address 2503 Highland

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.