

FILED MAR 27 1946
Registration District No. 149

Primary Registration District No. 1002

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

8443

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 1 day (Specify whether
In this community 40 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Diola Mo Daniels

3. (b) If veteran, name war no 3. (c) Social Security No. 70

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive, years

7. Birth date of deceased March 28, 1895
(Month) (Day) (Year)

8. AGE: Years 50 Months 11 Days 10² If less than one day hr. min.

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

10. Usual occupation Maid

11. Industry or business None

MOTHER FATHER { 12. Name Henry Gibson

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

14. Maiden name Mary Tolbert

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

16. (a) Informant Medical Records Librarian

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 3-12-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Warrensburg, Mo

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

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 3-12-46 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 2451 Chestnut 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 1
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10,
year 1946 hour 6: minute 40 A. M.

21. I hereby certify that I attended the deceased from March 7, 1946, March 10, 1946; that I last saw her alive on March 10, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho-pneumonia Duration _____

Due to _____

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) (e) Means of injury _____

23. Signature G. D. [Signature] (M. D. or other) _____

Address General Hospital #2 Date signed 3/11/46

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 A.T. Moore

Licensed Embalmer No. 948

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.