

FILED DEC 4 1946
Registration District No. 199

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:
2601 Highland Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 years
(Specify whether years, months or days)

In this community 12 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Lallie Adrine

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 Widow

6. (b) Name of husband or wife John Adrine

6. (c) Age of husband or wife if alive 1871 years

7. Birth date of deceased May 1 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

75 6 15 hr. min.

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

10. Usual occupation None

11. Industry or business

12. Name Robert Whitehead

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

14. Maiden name Jamie Bonett

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

16. (a) Informant Miss Janice Calhoun

(b) Address 2601 Highland Ave

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof 11 23 46
(Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem

18. (a) Signature of funeral director H B Moor

(b) Address 1820 E 18 st

19. (a) 11-22-46
(Data received local registrar)

(b) Steraldine Holmes
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

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

(d) Street No. 2601 Highland Ave
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1946 hour 8:25 minute P M.

21. I hereby certify that I attended the deceased from Nov 1 1946 to Nov 16 1946
that I last saw her alive on Nov 16 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Apoplexy
Duration 30 days

Due to Chronic nephritis 30 days

Due to

Other conditions
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:
Of operations 131 R

Of autopsy

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?

23. Signature Steraldine Holmes (M. D. or other)

Address 2434 6 St Date signed

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.....

AB Moore

Licensed Embalmer No. 2410

P. O. Address. 1820 E 18th St

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.