

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 7 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40902
5442

State File No. _____
Registrar's No. _____

Registration District No. 149 Primary Registration District No. 1002

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 7 DAYS
(Specify whether years, months or days) 15 YRS.

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. 1929 E. 14th
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME LENA WARREN

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

7. Birth date of deceased JANUARY 10, 1904
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>42</u>	<u>11</u>	<u>14</u>	hr. min.

9. Birthplace: MOOREVILLE MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation MAID

11. Industry or business _____

MOTHER FATHER

12. Name ALONZO WILLIAMS

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

14. Maiden name ANNA KIDDER

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

16. (a) Informant DIAMOND WARREN JR.

(b) Address 1929 E. 14th

17. (a) BURIAL (b) Date thereof Dec. 27, 1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation HIGHLAND CEMETARY

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

(b) Address 12-27-46

19. (a) St. Geraldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DECEMBER day 24, year 1946 hour 7: minute 45 A. M.

21. I hereby certify that I attended the deceased from DECEMBER 7, 19 46 DECEMBER 24, 19 46
that I last saw her ER alive on DECEMBER 24, 19 46
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA Duration _____

Due to CHRONIC NEPHRITIS AND HYPERTENSION

Due to _____

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

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:

(c) 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 [Signature] (M. D. or other) M. D.

Address GENERAL HOSPITAL NO. 2 Date signed 12/26/46

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.....

AB Moore

Licensed Embalmer No. *2440*

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.