

S. No. 2
M-12-45
v. 5-17-39
P. 1 X47070

FILED MAR 21 1947

State File No. _____

Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 950

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 2 DAYS (Specify whether
70 Years years, months or days)

In this community _____
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. 1022 LYDIA
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME EDWARD FINDLEY

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE 2

5. Color or race NEGRO

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

6. (b) Name of husband or wife Jane Findley

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

7. Birth date of deceased January 1864
(Month) (Day) (Year)

8. AGE: Years 83 Months / Days _____ If less than one day _____ hr. _____ min.

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

10. Usual occupation NONE

11. Industry or business _____

12. Name ADAM FINDLEY

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

14. Maiden name EDDIE SCRUGGS

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

16. (a) Informant JESSIE AMMONDS (SISTER)

(b) Address 1022 LYDIA

17. (a) Burial (b) Date thereof 3/4/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: HIGHLAND Lincoln Cemetery

18. (a) Signature of funeral director Walter Jones

(b) Address 1729 Lydia Ave.

19. (a) 3-3-47 (Date received local registrar)

Edw. Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEBRUARY day 28, year 1947 hour 4: minute 10 P. M.

21. I hereby certify that I attended the deceased from FEBRUARY 26, 1947, to FEBRUARY 28, 1947, and that death occurred on the date and hour stated above.

that I last saw him alive on FEBRUARY 28, 1947.

Immediate cause of death CEREBRAL ARTERIOSCLEROSIS AND CEREBRAL EDEMA

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____

Of autopsy (SAME AS ABOVE)

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 Walter Jones (M. D. or other) M.D.

Address GENERAL HOSPITAL NO. 2 Date signed 3/1/47

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

48
3
8
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Jerome Maulou
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.