

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 **15 HRS.**  
(Specify whether  
In this community **27 Years**  
years, months or days)

**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") **8**  
(d) Street No. **1732 TROOST**  
(If rural, give location)  
(e) Citizen of foreign country? **NO** (Yes or No) **J**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ED DOUGLAS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **Unk.**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **MARRIED**

6. (b) Name of husband or wife **LAURA DOUGLAS** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **NOVEMBER 30, 1882**  
(Month) (Day) (Year)

8. AGE: Years **64** Months **5** Days **24** If less than one day hr. min.

9. Birthplace **HUNTSVILLE ALABAMA**  
(City, town, or county) (State or foreign country)

10. Usual occupation **SHEET METAL WORKER**

11. Industry or business \_\_\_\_\_

12. Name **ALBERT DOUGLAS**

13. Birthplace **HUNTSVILLE ALABAMA**  
(City, town, or county) (State or foreign country)

14. Maiden name **HANNAH LESLEY**

15. Birthplace **HUNTSVILLE ALABAMA**  
(City, town, or county) (State or foreign country)

16. (a) Informant **LAURA DOUGLAS (WIFE)**

(b) Address **3326 CALUMET-CHICAGO, ILLINOIS**

17. (a) **Burial** (b) Date thereof **6/8/47**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lincoln Cemetery**

18. (a) Signature of funeral director **Wethers Bros.**

(b) Address **1729 Bryden Ave.**

19. (a) **6-2-47** (b) **Geraldine Holmes**  
(Date received local registry) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **MAY** day **24**,  
year **1947** hour **1:** minute **35 A. M.**

21. I hereby certify that I attended the deceased from **MAY 23, 1947** to **MAY 24, 1947**  
and that I last saw h. **IM** alive on **MAY 24, 1947**  
and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA OF TRANSVERSE COLON WITH PERFORATIONS WITH GENERALIZED PERITONITIS**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 8 months of death) **HU**

Major findings: Of operations \_\_\_\_\_

Of autopsy **SAME AS ABOVE**

Duration

PHYSICIAN

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature **Geraldine Holmes** (M. D. or other) **M. D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **5/29/47**

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

MOTHER FATHER

---

---

**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 Manlove*

Licensed Embalmer No. *3994*

P. O. Address. *2583 Highlan*

**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.**