

FILED JAN 20 1948

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

1056

State File No.

38

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

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 184 DAYS
 (Specify whether
 In this community 25 YRS.
 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. 1824 PASEO
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 2,
 year 1948 hour 4: minute 05 A. M.
 21. I hereby certify that I attended the deceased from JULY
3, 1947 to JANUARY 2, 1948
 that I last saw him IM alive on JANUARY 2, 1948
 and that death occurred on the date and hour stated above.
 Immediate cause of death STARVATION Duration

3. (a) PRINT FULL NAME JAMES DUDLEY

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive 1881 years

7. Birth date of deceased: FEBRUARY (Month) 14 (Day) 1881 (Year)

8. AGE: Years 66 Months 10 Days 18 If less than one day hr. min.

9. Birthplace SILVER LAKE MISSISSIPPI
 (City, town, or county) (State or foreign country)

10. Usual occupation JANITOR

11. Industry or business

12. Name JOHN DUDLEY

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

14. Maiden name KATIE BROOKS

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

16. (a) Informant JOHN ESCOE (FRIEND)

(b) Address 1824 PASEO

17. (a) Burial (b) Date thereof 1 2, 48
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Funeral home

18. (a) Signature of funeral director [Signature]

(b) Address 1820 E 18 st

19. (a) 1-5-48 (b) [Signature]
 (Date received local registrar) (Registrar's signature)

Due to PSYCHOSIS (PROBABLE SENILE IN TYPE)

Due to 1020

Other condition PULMONARY TUBERCULOSIS (FIBROUS)
 (Include pregnancy within 3 months of death) X-RAY EVIDENCE ONLY

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) (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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

Address GENERAL HOSPITAL NO. 2 Date signed 1/2/48

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

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.