

FILED FEB 7 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1354
Registrar's No. 351

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 570 DAYS
In this community 30 YRS.
years, months or days (Specify whether)

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. 1912 E. 23RD. ST.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE TOLBERT

3. (b) If veteran, name war No 3. (c) Social Security No. 495-09-0958

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

6. (b) Name of husband or wife ELLEN C. TOLBERT 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased APRIL 1, 1888
(Month) (Day) (Year)

8. AGE: Years 59 Months 27 Days 20 If less than one day hr. min.

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

10. Usual occupation PORTER

11. Industry or business

MOTHER FATHER

12. Name UNKNOWN ?

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

14. Maiden name UNKNOWN ?

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

16. (a) Informant ELLEN C. TOLBERT (WIFE)

(b) Address 1912 E. 23RD. ST.

17. (a) Burial (b) Date thereof 1/24/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

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

(b) Address 1729 Lydia Ave.

19. (a) 1-25-48 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JANUARY day 21, year 1948 hour 11: minute 15 A. M.

21. I hereby certify that I attended the deceased from JUNE 5, 1946 to JANUARY 21, 1948 that I last saw him IM alive on JANUARY 21, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA (CLINICAL) SECONDARY TO BILATERAL HYDRO-URETER (CONGENITAL) URETERAL VALVES WITH HYDRO NEPHROSIS

Duration

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy AS ABOVE

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) (a) Work of injury

23. Signature [Signature] (M. D. or other) M. D.
Address GENERAL HOSPITAL NO. 2 Date signed 1/22/48

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.....

J. Manlove

Licensed Embalmer No. *2994*

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.