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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 17 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12793

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1558

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: 2313 Tracy Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 5 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. 2313 Tracy Ave
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Josephine Nathan
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 Widowed
6. (b) Name of husband or wife unk. Deceased
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased 5 (Month) 19 (Day) 1888 (Year)

8. AGE: Years	Months	Days	If less than one day
59	10	13	..... hr. ..... min.

9. Birthplace Tuscaloosa, Alabama
(City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Home
FATHER
12. Name Unknown Wedgeworth
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)
16. (a) Informant Mrs. K.C. Switzer
(b) Address 1219 1/2 E. 16th St
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/9/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cem.
18. (a) Signature of funeral director Lee Davis
(b) Address 1513 Troost Ave
19. (a) 4-9-48 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 2
year 1948 hour 2 minute 30 P. M.
21. I hereby certify that I attended the deceased from ..... 19.... to ..... 19....;
that I last saw h..... alive on ..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac Failure
Due to Hypertensive Heart Disease
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy No-Permit

Duration

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury
23. Signature M. Williams (M. D. or other) D.C.
Address 2636 - Brooklyn Date signed 4-9-48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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 C. E. Davis

Licensed Embalmer No. 4413

P. O. Address H. C. [illegible]

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.