No. 300
M—10-47
5-17-39
I 3906

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 12 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19698

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2753

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: Wheatley Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 hrs (Specify whether
In this community 1 1/2 hr. 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")

(d) Street No. 2006 Kansas Ave. 8
(If rural, give location) 0

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

If yes, name country

3. (a) PRINT FULL NAME Infant Tolbert

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female 3

5. Color or race Negro

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased July 1, 1948
(Month) (Day) (Year)

8. AGE: Years | Months | Days | If less than one day 1 hr. 30 min.

9. Birthplace Kansas City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Lehomon Tolbert
13. Birthplace Mansfield, La. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Georgia Goss
15. Birthplace Humphrey, Arkansas 1
(City, town, or county) (State or foreign country)

16. (a) Informant Lehmon Tolbert
(b) Address 2006 Kansas Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/3/48 (Month) (Day) (Year)
(c) Place: burial or cremation Lincoln Cemetery

18. (a) Signature of funeral director Gathins Bros.
(b) Address 1729 Lydia Avenue

19. (a) 7-2-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1948 hour minute M.

21. I hereby certify that I attended the deceased from July 1, 1948, to 7/10, 1948
that I last saw her alive on July 1, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Toxemia of Newborn	
Due to Toxemia of Pregnancy	
Due to " " "	
Other conditions None (Include pregnancy within 3 months of death)	
Major findings: Of operations None 161C	
Of autopsy	

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?
(Specify type of place)

While at work? (e) Means of injury 0

23. Signature George H. Raft (M. D. or other) M.D.
Address 2123 E. 15th st. Date signed 7/2/48

(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. J. Jerome Manlove

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.