

No. 2
-8-43
-17-39
X37823

FILED JUN 26 1948

Registration District No. **149**

Primary Registration District No. **1002**

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

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:
Ath Home 1907 East 9th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Months** (Specify whether 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. **1907 East 9th St.**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **Rachel (Ray) Venable**

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 **Deceased**

6. (b) Name of husband or wife **Henry Venable** 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased **October 22 1904**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	43	27	16	hr. min.

9. Birthplace **Stockton Texas** (City, town, or county) (State or foreign country)

10. Usual occupation **House wife**

11. Industry or business.....

12. Name **John Walker**

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

14. Maiden name **Sallie Jenkins**

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

16. (a) Informant **D. W. Walker**

(b) Address **2730 Highland Ave.**

17. (a) **Burial** (b) Date thereof **6/15/48**
(Burial, cremation, or reinterment) (Month) (Day) (Year)
Mt. Maudie Cem. Leavenworth Kan.

(c) Place: burial or cremation.....

18. (a) Signature of funeral director **Bailey Fun. Home**

(b) Address **2065 North 5th St.**

19. (a) **6-14-48** **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **8**
year **1948** hour **8** minute **2** A.M.

21. I hereby certify that I attended the deceased from.....
that I last saw **Deputy Coroner**.....
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Hypertensive Heart Disease
Due to.....
Due to.....

Other conditions (Include pregnancy within 3 months of death) **93 D**

Major findings: Of operations.....

Of autopsy **No Permit**

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.....
Signature **Williams** (M. D. or other) **ll-c**
Address **2636 - 13th St** Date signed.....

6-11-48

SEP 22 1949

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 W. M. M. Oulton
Licensed Embalmer No. 2057
P. O. Address N. C. Kan

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.