No. 300
10.48

FILED MAR 5 1949

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 4893

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 549

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

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
c. LENGTH OF STAY (in this place) 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1200 E. 18 St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 2027 - Troost ave.

3. NAME OF DECEASED (Type or Print) a. (First) Lovie b. (Middle) Faye c. (Last) Franklin

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 1949

5. SEX Female

6. COLOR OR RACE NEGRO

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Dont. KNOW. 01

8. DATE OF BIRTH 6-4-1923

9. AGE (In years last birthday) 25 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Maid Work

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Petty Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Klat

13b. MOTHER'S MAIDEN NAME Lucille Jackson

14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Dont. KNOW.

17. INFORMANT'S SIGNATURE OR NAME Lucille Jackson paris Texas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stab Wound Back Skull

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Profuse Bleeding

DUE TO (c) E982

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Evidently Stabbed with Knife

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION as Wound goes between Skull & 1st Cervicle

20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) Homicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) public place

21c. (CITY, TOWN, OR TOWNSHIP) Kansas City (COUNTY) Jackson (STATE) Mo

21d. TIME OF INJURY (Month) 2 (Day) 4 (Year) 49 (Hour) 1:15 A.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Stabbed Back Skull

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner

23b. ADDRESS 1036 Rialto Bldg

23c. DATE SIGNED 2-4-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 1-7-1949

24c. NAME OF CEMETERY OR CREMATORY paris Texas

24d. LOCATION (City, town, or county) (State) [redacted]

DATE REC'D BY LOCAL REG. 2-7-49

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE Brady-Brown **ADDRESS** 1708 Tracy ave.

(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 _____ Student Embalmer No. _____ working under my personal supervision.

Student _____
Student Embalmer

Signed L. L. Harris, Sr.

Licensed Embalmer No. 3388

P. O. Address K. C. Mo.

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.