

FILED APR 6 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8309

1056

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u>				b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>			c. LENGTH OF STAY (in this place) <u>2 1/2 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>GENERAL HOSPITAL #2</u>				d. STREET ADDRESS (If rural, give location) <u>1618 Olive Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>DELLA</u>			b. (Middle)		c. (Last) <u>CHERRY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>FEBRUARY 28 1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>NOVEMBER 26 1885</u>		9. AGE (In years last birthday) <u>63</u>	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>WEST POINT, MISSISSIPPI</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>ISAAC ADAMS</u>			13b. MOTHER'S MAIDEN NAME <u>LIZZIE SISSBY</u>			14. NAME OF HUSBAND OR WIFE <u>unknown</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>SON: JOSEPH MILTON 1618 Olive Street</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		<p align="center"><b>MEDICAL CERTIFICATION</b></p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTNEPHROMA OF LEFT KIDNEY WITH METATASIS TO SKULL, RIBS, VERTEBRA, LUNG, DIAPHRAGM AND LIVER.</u> ANTECEDENT CAUSES <u>XXXXXXXX</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>180X</u>						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from <u>2/31/1949</u> , to <u>2/28</u> , 1949, that I last saw the deceased alive on <u>2/28</u> , 1949, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Frank Ellis</u>			23b. ADDRESS <u>600 East 22nd Street</u>			23c. DATE SIGNED <u>2/28/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3/11/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>West Point</u>		24d. LOCATION (City, town, or county) (State) <u>West Point, Miss</u>				
DATE REC'D BY LOCAL REG. <u>3-8-49</u>		REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H B Moore 1820 E 18th</u>				

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

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**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.

Signed.....

Signed.....  
Student Embalmer

I Licensed Embalmer No.....

P. O. Address.....

**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.**