

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

9022

FILED APR 7 1954

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1246

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri | | b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | c. LENGTH OF STAY (In this place) 1 month | | c. CITY OR TOWN Kansas City | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. General Hospital #2 | | e. STREET ADDRESS (If rural, give location) 2222 Forest Avenue | | 3. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |

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|--|-------------|--------------------|------------------|-------------|----------------|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) Bennie | b. (Middle) | c. (Last) Young | (Month) 3 | (Day) 14 | (Year) 1954 |

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|----------------|-----------------------------|--|------------------------------------|---------------------------------------|----------------------------|--------------------------|---------------------------|--------------------------|
| 5. SEX Male | 6. COLOR OR RACE Colored | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3 | 8. DATE OF BIRTH April 23, 1914 | 9. AGE (In years last birthday) 39 | 10. UNDER 1 YEAR Months | 11. UNDER 1 YEAR Days | 12. UNDER 1 YEAR Hours | 13. UNDER 1 YEAR Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer - Chicago | 10b. KIND OF BUSINESS OR INDUSTRY Mill & Lumber Co. | 11. BIRTHPLACE (City and State or Foreign Country) Lexington, Mississippi | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME Joe Young | 13b. MOTHER'S MAIDEN NAME Mattie Jones | 14. NAME OF HUSBAND OR WIFE Geneva Dyson (married again) |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 431-48-6318 | 17. INFORMANT'S SIGNATURE OR NAME Booker Young | ADDRESS 2222 Forest |
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| 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 10000 |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute diffuse bilateral pyelonephritis superimposed upon diffuse chronic pyelonephritis with DUE TO (c) resultant malignant hypertension (clinical). | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from 2-20-54, 19__, to 3-14-54, 19__, that I last saw the deceased alive on 3-14-54, 19__, and that death occurred at 3:35 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE E. Frank Ellis | (Degree or title) M.D. | 23b. ADDRESS 600 East 22nd Street | 23c. DATE SIGNED 3-15-54 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3/20/54 | 24c. NAME OF CEMETERY OR CREMATORY Lincoln Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 3-19-54 | REGISTRAR'S SIGNATURE Steraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Watkins Bros. | ADDRESS 18th & Benton |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....
Signature of Student Embalmer

Signed *Bruce R. Watkins*.....

Licensed Embalmer No. *454*.....

P. O. Address *18th & 4th*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.