

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. 15148-55 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1179

1. PLACE OF DEATH a. COUNTY Jackson b. COUNTY Jackson

b. CITY OR TOWN Kansas City c. CITY OR TOWN Kansas City

d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #2 e. STREET ADDRESS 1222 East 10th Street

3. NAME OF DECEASED (Infant) a. (First) b. (Middle) c. (Last) West 4. DATE OF DEATH 2 8 1955

5. SEX male 6. COLOR OR RACE Negro 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED never married 8. DATE OF BIRTH 2-8-55 9. AGE 10 50

10a. USUAL OCCUPATION infant 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE Kansas City, Missouri 12. CITIZEN OF WHAT COUNTRY? America

13a. FATHER'S NAME Tillman West 13b. MOTHER'S MAIDEN NAME Lottie Bradley 14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? no 16. SOCIAL SECURITY NO. none 17. INFORMANT'S SIGNATURE OR NAME Mrs. Lottie B. West, 1222 E. 10th St.

18. CAUSE OF DEATH MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Cerebral congestion and edema ANTECEDENT CAUSES DUE TO (b) cord around neck. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE 21b. PLACE OF INJURY 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY 21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8-55, 19\_\_, to 2-8-55, 19\_\_, that I last saw the deceased alive on 2-8-55, 19\_\_, and that death occurred at 9:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE E. Frank Ellis MD 23b. ADDRESS 600 East 22nd Street 23c. DATE SIGNED 2-9-55

24a. BURIAL, CREMATION, REMOVAL 24b. DATE 3-14-55 24c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, town, or county) (State)

DATE REC'D BY LOCAL REG. 3-15-55 REGISTRAR'S SIGNATURE Neva Marshall 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS

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 Not Embalmed, Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Wm A. Schuyler

Licensed Embalmer No. 30

P. O. Address Texas City

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.