

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 5346

1. PLACE OF DEATH:
 (a) County Jackson City 2
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
1324 St. Louis Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether _____)
 In this community _____
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. 1324 St. Louis Ave.
(If rural, give location)
 (e) If foreign born, how long in U. S. A. About 21 years.

3. (a) PRINT FULL NAME JOE SMITH 530
 8. (b) If veteran, name war No 8. (c) Social Security No. No.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month August day 22
 year 1939 hour 16 minute 0 M.
 21. I hereby certify that I attended the deceased from Feb 16, 1939 to Aug 22, 1939
 that I last saw him alive on Aug 22, 1939
 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
 6. (b) Name of husband or wife Maggie Smith 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Michigan 1886
(Month) (Day) (Year)

Immediate cause of death Chronic Heart Disease
(Aortic Insufficiency) Duration 12 months

8. AGE: Years 53 Months _____ Days _____ If less than one day _____ hr. _____ min.

Due to _____
 Due to 92 a

9. Birthplace Croatia
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer 7

11. Industry or business Pipe Laid 7

12. Name Michigan 7

13. Birthplace Croatia 7
(City, town, or county) (State or foreign country)

14. Maiden name Michigan
(City, town, or county) (State or foreign country)

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

16. (a) Informant's own signature Phillip Gorgosh

(b) Address 1623 Madison

17. (a) Removal (b) Date thereof Aug 24, 1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation McLain's Mortuary

18. (a) Signature of funeral director John Smith R.E.F.
 (b) Address 549 N. 6th St. K.C. Mo.

19. (a) 7/24/39 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN

 Underline the cause to which death should be charged statistically.

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

23. Signature H. M. Brubaker (M. D. or other) _____

Address 10 N. James Date signed Aug 24

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.....

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, above space should be left blank.