

42519

State File No.

Registrar's No.

4928

Registration District No. 399

Primary Registration District No. 1002

JAN 13 1939

1. PLACE OF DEATH:

(a) County: Jackson
(b) City or town: Jackson City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1311 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: none
(Specify whether years, months or days) Don't know

3. (a) PRINT FULL NAME: Ben F. Qualtrough
3. (b) If veteran, name was: no
3. (c) Social Security No.: 436

4. Sex: Male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Daisy
6. (c) Age of husband or wife if alive: 68 years
7. Birth date of deceased: 1863
(Month) (Day) (Year)

8. AGE: Years: 76 Months: - Days: - If less than one day: - hr. - min.

9. Birthplace: Don't know
(City, town, or county) (State or foreign country)

10. Usual occupation: Civil Engineer

11. Industry or business:

MOTHER FATHER
12. Name: Don't know
13. Birthplace: Don't know
(City, town, or county) (State or foreign country)
14. Maiden name: Don't know
15. Birthplace: Don't know
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature: none
(b) Address:

17. (a) Burial (b) Date thereof: 12/30/39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hills

18. (a) Signature of funeral director: Carroll Davidson

(b) Address: 3024 Travis

19. (a) Dec 29, 1939 (b) mollevant
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson
(c) City or town: Jackson City
(If outside city or town limits, write "RURAL")
(d) Street No.: 1311 Forest
(If rural, give location)
(e) If foreign born, how long in U. S. A.: Don't know years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: 12 Day: 23 Year: 39
hour: 9:30 minute: 4 M.

21. I hereby certify that Don't know attended the deceased from 9:30 a.m.
1939, to 1939;
I saw him personally alive on 12-23-39,
at death occurred on the date and hour stated above.

Immediate cause of death: Chronic myocarditis
Due to: 930

Other conditions: None
(Include pregnancy within 7 months of death)

Major findings: None
Of operations:
Of autopsy:
PHYSICIAN: None
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, or industrial place, in public place?
4.

While at work: None
23. Signature: mollevant (M. D. or other)
Address: K.C. Mo. Date signed:

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

1-113511

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.

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.