

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.

JAN 13 1940

State File No. _____

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4966

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Kansas City General Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 8 Hours
(Specify whether)
 In this community 18 Years
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. 4412 Baltimore Avenue
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Mr. Herman Christian Jeske
 8. (b) If veteran, name war None
 8. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Dec. day 30th
 year 1939 hour 1 minute 30 A.M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced Marr.
 6. (b) Name of husband or wife Mrs. Mary E Jeske
 6. (c) Age of husband or wife if alive 61 years
 7. Birth date of deceased January 26, 1873
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 12-39-39
 _____, 19____, to 12.30.39, 19____;
 that I last saw him alive on 12.30.39 1.23.A.M.;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>11</u>	<u>4</u>	_____ hr. _____ min.

Immediate cause of death Acute pul. edema, and congestion, chr interstitial myocarditis, Cor sclerosis. Duration 1 Mo.

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

Due to _____
 Due to 936
 Other conditions _____
(Include pregnancy within 3 months of death)

10. Usual occupation Clerk & Route Supervisor

Major findings:
 Of operations _____

11. Industry or business Post Office Department

Of autopsy Ac, pul edema, and congestion int myocarditis.

MOTHER FATHER
 12. Name Albert Jeske
 13. Birthplace Germany
(City, town, or county) (State or foreign country)
 14. Maiden name Unknown Luhers
 15. Birthplace Illinois
(City, town, or county) (State or foreign country)

Underline the cause to which death is to be charged statistically

16. (a) Informant's own signature Mary E Jeske
 (b) Address 4412 Baltimore

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? _____

17. (a) Burial (b) Date thereof Jan. 2, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

While at work? _____
(Specify type of place) (c) Means of injury

(c) Place: burial or cremation Forest Hill

23. Signature Dwight R. Brown (M. D. or other) _____

18. (a) Signature of funeral director D. H. Newcomer Sons
 (b) Address 1401 Brush Creek Blvd.

Address Gen Hospital Date signed 12.31.39

19. (a) Dec 31 1939 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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 *A. C. Newcomer Jr.*
Licensed Embalmer No. 4073
P. O. Address *A. C. Newcomer Jr.*

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.