

Registration District No. 398

Primary Registration District No. 3019

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Independence  
(c) Name of hospital or institution: 830 North Main 2  
(d) Length of stay: In hospital or institution. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson  
(c) City or town Independence  
(d) Street No. 830 North Main  
(e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME Arthur J. Main 57

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Lula Mary 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased Feb. 3 - 1872  
(Month) (Day) (Year)

8. AGE: Years 68 Months 0 Days 14 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired Labourer

11. Industry or business \_\_\_\_\_

12. Name Leonard Main 1

13. Birthplace Unknown Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Jane Fleck

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

16. (a) Informant Lula Main

(b) Address 839 South Main

17. (a) Woodlawn (b) Date thereat 2-20-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director George C. Carson

(b) Address Independence Missouri

19. (a) Feb. 19 - 1940 (b) J. L. Cook 36  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 17 year 1940 hour 4 minute 15 P. M.

21. I hereby certify that I attended the deceased from Nov. 20 1939 to Feb 17, 1940; that I last saw him alive on Feb 17, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death Broncho Pneumonia Duration 3 days

Due to Cardiovascular renal disease about 2 years

Due to Crystalline nephropathy & primary renal

Other conditions. (Include pregnancy within 3 months of death) 121  
Major findings: Hadq trans urethral prostatectomy about 2 years ago.

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 J. Allen (M. D. or other) MD  
Address Independence Date signed 2-17-40

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

8  
5  
4

**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.....

*Felix Renz*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *Felix Renz*.....

Licensed Embalmer No. *4127*

P. O. Address *Indep. 9110*

**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.**