

Registration District No. **704**

Primary Registration District No. **5558**

Registrar's No. **47**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Washington**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Kansas City Convalescent Home 7842 Wornall
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **14 Days**
(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. **2842 Wornall Rd. 1224 Harrison**
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME **Charles Sweet**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, wid, ved, married, divorced **Single**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years **86** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant **Eva Urich** (b) Address **Denver, Colo.**

17. (a) **Cremation** (b) Date thereof **May 24 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cem.**

18. (a) Signature of funeral director **Wm. Walter**

(b) Address **7406 Wornall Rd.**

19. (a) **6-11-40** (b) **R. V. Dunbar, D.O.**
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **20**
year **1940** hour **8** minute **40 P.M.**

21. I hereby certify that I attended the deceased from **May 14**
May 20, 1940 to **May 20**, 19**40**
that I last saw him alive on **May 19**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral stenosis primary in Protide**
Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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?

3 in 6
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature **L. H. Wyatt** (M. D. or other) _____

Address **3850 Prospect** Date signed _____

Duration

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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FILED JUN 17 1940

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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.....

Richard Roe..... Registered Apprentice No.....
working under my personal supervision.

Signed.....

Richard Roe
Licensed Embalmer No. *7810*

P. O. Address *7406 - Memorial*

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.