

NOV 12 1940

Registration District No.

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH: JACKSON
(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: MISSOURI PACIFIC RAILWAY YARDS
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3
45 years (Specify whether years, months or days)
In this community

3. (a) PRINT FULL NAME: Jesse B. Rightmire
8. (b) If veteran, name war NO
8. (c) Social Security No. 707-81-1773

4. Sex MALE
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MARGARET
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased AUGUST 8 1879
(Month) (Day) (Year)

8. AGE: Years 61 Months 2 Days 0
If less than one day hr. min.

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

10. Usual occupation ENGINE FOREMAN

11. Industry or business MISSOURI PACIFIC

12. Name DAUGHARTY RIGHTMIRE

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

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

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

16. (a) Informant's own signature Margaret Rightmire
(b) Address 1255 CENTRAL

17. (a) BURIAL (b) Date thereof 10-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director Colie M Gads
(b) Address 1416 Minnesota Ave

19. (a) 10-10-40 (b) M. M. Groves
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State KANSAS (b) County HYANDOTTE
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 1255 CENTRAL
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 9 year 40
hour minute
21. I hereby certify that I attended the deceased from 5:15 P.M. 19 to 19
that I last saw him alive on 19
and the death occurred on the date and hour stated above.
Immediate cause of death.

Railroad train
fracture of the cervical vertebrae

Other conditions (include pregnancy within 3 months of death) 207 yr

Major findings: Of operations Inspection
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) Accident

(b) Date of occurrence 10-9-40

(c) Where did injury occur? K.C. mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place (in public place?)
31st

While at work? (Specify type of place) (Specify nature of injury)

23. Signature Walter H. Hubler (M. D. or other)

Address K.C. Mo. Date signed

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.

1907

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 Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City Kansas

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.