

Registration District No. **399**
Primary Registration District No. _____

FILED DEC 11 1940

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: K.C. General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community unknown (Specify whether years, months or days)

8. (a) PRINT FULL NAME WILLIAM J. WORTHY

3. (b) If veteran, name war ✓ 3. (c) Social Security No. 492-18-1970

4. Sex Male 5. Color or race W 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Betty 6. (c) Age of husband or wife if alive Under years
7. Birth date of deceased April 11 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 7 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Lumberman 4

11. Industry or business Retired 1

12. Name Michael 1

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

14. Maiden name Mary Abel

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

16. (a) Informant Percy Worthy

(b) Address Wetmore, Mo

17. (a) removal (b) Date thereof 11-12-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wetmore, Mo

18. (a) Signature of funeral director R A Fulton

(b) Address Kansas City Mo

19. (a) 11-13-40 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 3235 Peery Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 12th
1940 year. hour 1 minute 50 A. M.

21. I hereby certify that I attended the deceased from 11-1-40 to 11-12-40, 19____;
im to 11-12-40, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death CEREBRAL HEMORRHAGE AND DIABETES

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 54

Major findings: Of operations _____

Of autopsy None

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) Months of injury 1

23. Signature Percy W. Worthy (M. D. or other) _____

Address Med. Dir. K.C. Gen. Hospital Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

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

R. A. Fulton

Licensed Embalmer No.....

P. O. Address *Kansas City,*

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.