

REC'D JAN 25 1941

Registration District No. 400 Primary Registration District No. 5553R Registrar's No. 4

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

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Jackson
(c) Name of hospital or institution: Jackson County Home for the Aged & Infirmed
(d) Length of stay: In hospital or institution
In this community 76 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 553 Main St.
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 26 year 1940 hour 4 minute am.

21. I hereby certify that I attended the deceased from Dec 1st 1940 to Dec 26 - 1940 that I last saw him alive on Dec. 24 - 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Duration 4 hrs

Due to General Septicemia Duration 8 hrs

Other conditions (Include pregnancy within 3 months of death) 1514

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

8. (a) PRINT FULL NAME Albert Langston

3. (b) If veteran, name war None 8. (c) Social Security No. None

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced S

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr 15 1864 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>76</u>	<u>8</u>	<u>11</u>	hr. _____ min. _____

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant W. H. McCarthy

(b) Address Little Blue, Mo

17. (a) Anatomical (b) Date thereof 12-30-40 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental College

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Plaza; K. C. Mo

19. (a) 1-3-41 (b) John J. [Signature] (Date received local registrar) (Registrar's signature)

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 John B. [Signature] (M. D. or other) 1/26/41
Address 419 W. Walnut St. Date signed

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.....

Blaine E. Weigent

Licensed Embalmer No.....

4075

P. O. Address.....

2332 Monitor Pl

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.