

No. 2
-13-40
17-39
X23159

State File No.

Registrar's No.

FILED MAR 14 1941
Registration District No. 399

Primary Registration District No. 1002

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

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: Wesley Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 Day
(Specify whether years, months or days)
In this community 50 Years

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. 114 West 36th Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 16th
year 1941 hour 10 minute 15 P.M.
21. I hereby certify that I attended the deceased from Jan 15
1941 to Feb 16 1941
that I last saw him alive on Feb 16 1941
and that death occurred on the date and hour stated above.

3. (a) PRINT FULLNAME Mr. William J. Drew

3. (b) If veteran, name war No 3. (c) Social Security No. 70

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

6. (b) Name of husband or wife Mrs. Margery D. Drew 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased November 10 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 8 Days 6 If less than one day hr. min.

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

10. Usual occupation Musician-Timpani Player

11. Industry or business K.C. Philharmonic Orchestra

12. Name John Drew

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

14. Maiden name Mary Ellen English

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

16. (a) Informant Margery D. Drew

(b) Address 114 West 36th

17. (a) Cremation (b) Date thereof Feb. 19, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D.W. Newcomer's Sons

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 2/17/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

Immediate cause of death Peritonitis
Due to 948
Other conditions (Include pregnancy within 3 months of death)

Major findings: no op
Of operations none
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?
(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 R.P. Jones (M. D. or other)
Address 309 S. 10th Date signed 2-17-41

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

504. CASE 10
11-12

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address TEMO

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, fact should be so stated above.