

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.

Registration District No. 399 Primary Registration District No. 1002

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: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 weeks
In this community 40 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Henry M. Backes
8. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Theresia 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased Feb 24, 1865
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 3 If less than one day hr. min.

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

10. Usual occupation Stationary Fireman
11. Industry or business St. Joseph's

MOTHER FATHER
12. Name Hohn Backes
13. Birthplace Germany
14. Maiden name Catherine Shaw (State or foreign country)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Hohn Backes
(b) Address 204 N. Tremont, K.C.K.

17. (a) Burial (b) Date thereof 5-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Calvary

18. (a) Signature of funeral director Harry Butler
(b) Address 753 Central Ave., K.C.K.
19. (a) May 28 1941 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Wyandotte
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 204 North Tremont
(If rural, give location)
(e) If foreign born, how long in U. S. A.? No years

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 27th
year 1941 hour minute M.
21. I hereby certify that I attended the deceased from April 7, 1941 to May 27, 1941
that I last saw him alive on May 26, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Occlusion
Due to Arteriosclerosis & Diabetes
Since Apr. 7

Due to 61
Other conditions (Include pregnancy within 3 months of death) 61

Major findings:
Of operations
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)
(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?

(Specify type of place) (e) Means of injury 0
23. Signature Dr. John O. Starnes (M. D. or other)
Address 1408 Bryant Bldg. Date signed 5/27/41

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

Russell Dennis

Licensed Embalmer No.

~~25069~~ 34

P. O. Address

Kansas City, Mo.

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.