

No. 2  
4-13-40  
5-17-39  
DI X23159  
048  
0000

FILED JUL 7 1941  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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: 319 East 9th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Robert J. Champion

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. Retired

4. Sex ♂ 5. Color or race W

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: unknown  
(Month) (Day) (Year)

8. AGE: Years Approx 75 Months \_\_\_\_\_ Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation \_\_\_\_\_

11. Industry or business Garment Packing Co.

12. Name R. J. Champion

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

14. Maiden name Julia King

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

16. (a) Informant Edward J. Champion

(b) Address Dennis, Iowa

17. (a) Burial (b) Date thereof 6-19-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Dennis, Iowa

18. (a) Signature of funeral director H. T. Dismann & Son

(b) Address N.E. Mo.

19. (a) July 18, 1941 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 319 E 9th St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 17 - year 41  
hour \_\_\_\_\_ minute 5:50 P.M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_; that I last saw the deceased on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Acute Myocardial Infarction

Due to \_\_\_\_\_

Due to MI

Other conditions: 94%  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 S

23. Signature Champion (M. D. or other) 0

Address Kan Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

any name  
Crowe

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.....

Francis Walton....., Registered Apprentice No. 2744  
working under my personal supervision.

Signed J. A. Ruggman  
Licensed Embalmer No. 2744  
P. O. Address R.C. 710

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.