

FILED AUG 10 1941

State File No.

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 2798

1. PLACE OF DEATH:

Jackson
(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: 1615 Central
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 20 Years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

Missouri Jackson 048
(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1615 Central
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME SHERMAN EDDY

20. DATE OF DEATH: Month July day 23
year 1941 hour 8 minute P. M.

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

21. I hereby certify that I attended the deceased from May 29, 1941, to July 23, 1941, that I last saw him alive on July 23, 1941, and that death occurred on the date and hour stated above.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced, Divorced
6. (c) Age of husband or wife if alive 79 years
7. Birth date of deceased January 28, 1867
(Month) (Day) (Year)

Immediate cause of death Coronary Infarct
Duration 3 days

8. AGE: Years 74 Months 5 Days 25
If less than one day hr. min.

Due to General arterio-sclerosis
Other conditions Sclerosis 94W

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

10. Usual occupation Park Department Employee, Retired

Major findings: Of operations
Of autopsy No

11. Industry or business Kansas City, Mo.

12. Name Unknown

13. Birthplace "

14. Maiden name "

15. Birthplace "

16. (a) Informant Harry R. Eddy

(b) Address Route 4, North Kansas City, Mo.

17. (a) Burial (b) Date thereof July 26, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasant Hill, Mo.

18. (a) Signature of funeral director C. H. Blackman & Son, Inc.

(b) Address 2825 Indep. Blvd. K. C. Mo.

19. (a) 7-26-41 (b) M. M. Crowe
(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) No
(b) Date of occurrence No
(c) Where did injury occur? No
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

C. While at work? (Specify type of place) (e) Means of injury

23. Signature Charles Nelson M. D. or other

Address 3626 1/2 Independence Date signed

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

28
8638

6-25-41

D.C. Blackman

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 B. S. Blackman

Licensed Embalmer No. 2247

P. O. Address.....

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.