

Registration District No. _____

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: 3025 Jarboe
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: _____
In this community: 20 yrs - 1
years, months or days (Specify whether)

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. 3025 Jarboe
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 17th
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from August 16th 1941 to August 16th 1941
that I last saw him alive on August 16th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Intestinal obstruction and peritonitis
Due to Rupture of gall bladder into duodenum
Due to obstruction of gallstones
Other conditions: Pneumonia
(Include pregnancy within 3 months of death)

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

Major findings: Of operations _____
Of autopsy: See above

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 Mary R. Thorn (M.D. or P.H.D.)
Address Med. Dir. K.C. Gen. Hospital Date signed _____

3. (a) PRINT FULL NAME Fear William
3. (b) If veteran, name war ms
3. (c) Social Security No. ms

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Wid
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 18 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 7 Days 29
If less than one day _____ hr. _____ min.

9. Birthplace Ind 1
(City, town, or county) (State or foreign country)

10. Usual occupation Rabbon

11. Industry or business _____

MOTHER FATHER { 12. Name Wm. P. Fear
13. Birthplace Ind 1
14. Maiden name Elizabeth P. Barnett
15. Birthplace Ind 1
(City, town, or county) (State or foreign country)

16. (a) Informant Jas. W. Fear
(b) Address 3025 Jarboe
17. (a) Burial (b) Date thereof Aug 19 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director J. C. P. Foster
(b) Address 718 Broadway
19. (a) 8/18/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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 *me*

Registered Apprentice No.

working under my personal supervision.

Signed.....

R. H. Wise

Licensed Embalmer No. *2590*

P. O. Address *R. O. 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, fact should be so stated above.