

FILED SEP 12 1941
Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 3228

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

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. 2015 Benton
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2
year 1941 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from Aug 1
1941 to Aug 2 1941
that I last saw him alive on _____ 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Allopathic of lungs
Due to prematurity
Due to _____
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration

1 day
July

PHYSICIAN

Underline
the cause to
which death
should be
charged statistically.

3. (a) PRINT FULL NAME Salyer Infant

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

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: August 1 1941
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day
9 hr. _____ min.

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

10. Usual occupation Infant

11. Industry or business _____

12. Name Charles R. Salyer

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

14. Maiden name Mary Raymond
(City, town, or county) (State or foreign country)

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

16. (a) Informant Charles P. Salyer

(b) Address 2015 Benton

17. (a) Burial (b) Date thereof 8-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Snow-Mayberry Fun. Home

(b) Address Kansas City, Mo.

19. (a) 8/27/41 (b) M. M. Brown
(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) _____
(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)

While at work? _____ (e) Means of injury _____
23. Signature John T. Sherman (M. D. or other) D.M.D.
Address 1402 Bryant Bldg. Date signed 8-27-41

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

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.....

Licensed Embalmer No.....

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.