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FILLED OCT 13 1941

Registration District No. **379**

Primary Registration District No. **1002**

Registrar's No. **2361**

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: 4031 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 years (Specify whether years, months or days)
In this community 21 years

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. 4031 Forest
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Phillip Weiss

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

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

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

7. Birth date of deceased December 26
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 8 11 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer & Stock Raiser (21 years)

11. Industry or business _____

12. Name No Record

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

14. Maiden name No Record

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

16. (a) Informant Louis Weiss
(b) Address 4031 Forest

17. (a) Removal (b) Date thereof 9/7/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Guthrie, Okla.
18. (a) Signature of funeral director Quirk & Faber Co.
(b) Address 7th Kansas City Mo.
19. (a) 9/8/41 (b) M. H. Groves
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 7 year 1941 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Oct, 1941, to Sept 7, 1941
that I last saw him alive on Sept 7 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Edema Duration 6 hr

Due to Chronic Myocardial de-Generation 2 yrs

Due to 9/3/41

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy None
938

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) _____
While at work? _____ (e) Means of injury _____

23. Signature Henry J. Jones (M. D. or other) 0
Address Kansas City Mo. Date signed 9/8/41

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

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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..... *Harold V. Perry*.....
Licensed Embalmer No. *4097*.....

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.