

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 1252

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: 13917 Flara  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Unknown (Specify whether  
In this community Unknown years, months or days)

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. 3917 Flara  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country .....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 14  
year 41 hour 6 minute 50 P.M.  
21. I hereby certify that I attended the deceased from 9/19/41  
1941 to 11/14 1941  
that I last saw him alive on 11/14 1941  
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction Duration 2 weeks  
Due to Cassini Pulmonary Congestion 2 day  
Due to Carcinoma Right Lung - Adenoma  
Other conditions (Include pregnancy within 3 months of death) 475

Major findings:  
Of operations .....

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) .....

While at work? (Specify type of place) (c) Means of injury 0  
23. Signature Robert Hill (M. D. or other)  
Address 3034 Harrison Date signed 11/16/41

3. (a) PRINT FULL NAME Charles C. Hamlet

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

4. Sex male 5. Color or race wh 6. (a) Single, widowed, married, divorced, married  
6. (b) Name of husband or wife Bertha B. (c) Age of husband or wife if alive 48 years  
7. Birth date of deceased aug 12 1888  
(Month) (Day) (Year)

8. AGE: Years 53 Months 3 Days 2 If less than one day hr. min.

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

10. Usual occupation groceryman

11. Industry or business grocery business

12. Name William G. Hamlet

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

14. Maiden name ingra gander

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

16. (a) Informant Ethel Ingral

(b) Address 3917 Flara

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

(c) Place: burial or cremation Forest Hills

18. (a) Signature of funeral director J. S. Walton

(b) Address 2738 Prospect  
19. (a) 11-16-41 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

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

48  
338

**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

*J. S. Walton*

Licensed Embalmer No.

*2744*

P. O. Address

*K. C. 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.**