

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kean City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7611 Normal Rd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years! (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kean City (If outside city or town limits, write "RURAL")
(d) Street No. 7611 - Normal Rd (If rural, give location)
(e) Citizen of foreign country? (Yes or No) No
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 18
year 1941 hour 7:40 minute AM M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease Duration _____

Due to _____

Due to _____

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

Major findings: _____ Of operations _____

Of autopsy Inspection

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) 12/18/41
Address [Signature] Date signed _____

3. (a) PRINT FULL NAME John H. Bright

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

4. Sex Male 5. Color or photo photo 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Feb 15 1853
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 3
If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name No Record

13. Birthplace No Record (City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record (City, town, or county) (State or foreign country)

16. (a) Informant Corvus Beecher

(b) Address Court House

17. (a) Burial (b) Date thereof 12/31/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director [Signature]

(b) Address 4306 - Third and Oak

19. (a) 31 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

1008

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

Amy Beyman

Licensed Embalmer No. *7041*

P. O. Address *Kan City, 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.