

Registration District No. 399

Primary Registration District No. 1602

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:  
7222 Indiana Avenue /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ---  
(Specify whether  
In this community. 47 Years  
years, months or days)

3. (a) PRINT FULL NAME Mr. William James Cairns

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

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

6. (b) Name of husband or wife. Mrs. Belle Costello Cairns 6. (c) Age of husband or wife if alive. 65 years

7. Birth date of deceased. February 11 1882  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
59 11 7 hr. min.

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

10. Usual occupation Stenographer

11. Industry or business County Court

12. Name William Cairns

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

14. Maiden name Rose Unknown  
(City, town, or county) (State or foreign country)

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

16. (b) Informant Belle Costello Cairns  
Address 7222 Indiana Ave

17. (a) Cremation (b) Date thereof Jan 20, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place of burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons

(b) Address 1407 Brush Creek Blvd

19. (a) 1/19/42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 1/8  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL") 8  
(d) Street No. 7222 Indiana Avenue  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country - 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18th  
year 1942 hour 5 minute 30 A.M.

21. I hereby certify that I attended the deceased from Apr 1939 to Jan 18 45  
that I last saw him alive on Jan 17 1942 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion 24 hr.

Due to Ch. myocarditis - 3 yr.  
Pericarditis aneurysm

Due to 93 hr.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 M. M. Crowe (M. D. or other) MD  
Address 1407 Brush Creek Blvd Date signed 1/19/42

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

MOTHER FATHER

1107 Bryant St  
1-5

**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 *A. C. Newcomer Jr*  
Licensed Embalmer No. 4043  
P. O. Address *A. C. Newcomer*

**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.**