

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 K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day (Specify whether
In this community 34 Years
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. 5515 Forest Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Mr. Walter Hoag

20. DATE OF DEATH: Month Jan. day 12th
year 1942 hour 11 minute 40 A.M. M.

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

21. I hereby certify that I attended the deceased from 1-11-42, 19... to 1-12-42, 19...
that I last saw him alive on 1-12-42 and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Mrs. Kitty B. Hoag 6. (c) Age of husband or wife if alive years
7. Birth date of deceased May 27 1870
(Month) (Day) (Year)

Immediate cause of death
Obstruction of common duct by stone with acute cholecystitis and acute pancreatic necrosis

8. AGE: Years Months Days If less than one day
71 7 15 hr. min.

Due to Chronic cholecystitis

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

Other conditions 126
(Include pregnancy within 5 months of death)

10. Usual occupation Retired R.R. Track Foreman

11. Industry or business Frisco Railroad

Major findings:
Of operations 126
Of autopsy 126
See above

MOTHER FATHER
12. Name William Henry Hoag
13. Birthplace Joliet Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Amie Ann Robinson
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Jean Strauss
(b) Address 5515 Forest Avenue

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? _____

17. (a) Burial (b) Date thereof Jan. 14, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 1-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature Dr. W. R. Horn (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed 1-13-42

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.....

Emile M. Calhoun

Licensed Embalmer No.....

3506

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.