

FILED FEB 11 1942

Registration District No. 399

Primary Registration District No. 1002

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

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 1104 Belfontaine  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution Unknown (Specify whether years, months or days)

3. (a) PRINT FULL NAME GPT. J. HUMAN

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

4. Sex Male 5. Color of race W. 6. (a) Single, widowed, married, divorced unknown

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

7. Birth date of deceased unknown  
(Month) (Day) (Year)

8. AGE: Years 72 Months — Days — If less than one day hr. — min. —

9. Birthplace unknown 4  
(City, town, or county) (State or foreign country)

10. Usual occupation unknown

11. Industry or business unknown

MOTHER FATHER { 12. Name unknown 9

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

14. Maiden name unknown 9

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

16. (a) Informant Crowner's office

(b) Address —

17. (a) Burial (b) Date there Jan 23-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director John S. Kestum

(b) Address Kansas City, Mo.

19. (a) 1-23-42 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1104 Belfontaine 8  
(If rural, give location)  
(e) Citizen of foreign country? unknown (Yes or No)  
If yes, name country —

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 20 year 1942 hour — minute — M.

21. I hereby certify that I attended the deceased from 12:30 P. to — 19 —  
that I last saw him alive on — 19 —  
and that he died on the date and hour stated above.

Immediate cause of death Chronic myocarditis Duration —

Due to 9:30

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

Major findings: Of operations Inspection

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 work) (e) (Cause of injury) —

23. Signature — (M. D. or other) —  
Address K.C. Mo. Date signed —

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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.....

*Harry E. Jolley*

Licensed Embalmer No. *4078*

P. O. Address *New City Kan.*

**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.**