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FILED MAR 9 1942 99
Registration District No.

Primary Registration District No. 1002

State File No.
Registrar's No. 554

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 10 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town 3232 Park, Kansas City, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 6
year 1942 hour 12:15 minute A. M.
21. I hereby certify that I attended the deceased from
Feb 6 1942 to Feb 6 1942
that I last saw him alive on Feb 6 1942
and that death occurred on the date and hour stated above
Immediate cause of death Diabetes Mellitus Duration _____

Due to _____
Due to _____

Other conditions Diabetic Coma
(Include pregnancy within 5 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) no
(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? no
While at work? ✓ (Specify type of place) (e) Means of injury ✓

23. Signature M. M. Crowe (M. D. or other) MD
Address 1000 E. Armour Date signed 2-7-42

3. (a) PRINT FULL NAME CHARLES EIMORE IGERT
(b) If veteran, name war no
(c) Social Security No. 495-10-9352

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife FANNIE IGERT
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Jan 31, 1890
(Month) (Day) (Year)

8. AGE: Years 52 Months 0 Days 5
If less than one day _____ hr. _____ min.

9. Birthplace Odessa, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation cook

11. Industry or business _____
12. Name Frank I Igert
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Ida B. Gardner
15. Birthplace Arkansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Fannie Igert
(b) Address 3232 Park, K. C. Mo.
17. (a) Removal (b) Date thereof 2-9-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Odessa, Mo.
18. (a) Signature of funeral director Morton Funeral Home
(b) Address North Kansas City, Mo.
19. (a) 2/8/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

Dr. Sewell
1000 E. Armour

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.....

Harold L. Posson

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Harold L. Posson

Licensed Embalmer No. 3605

P.O. Address. North 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.