

FILED MAR 9 1942 99
Registration District No. _____

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:
621 West 59th Street /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Most Of Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 621 West 59th Street
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ No 0

3. (a) PRINT FULL NAME Mr. John Jacob Astor McPherson

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Stella H. McPherson 6. (c) Age of husband or wife if alive 69 years
7. Birth date of deceased April 14 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 9 28 hr. min.

9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Oil Refinery

12. Name Lewis McPherson

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

14. Maiden name Mary Elizabeth Griggs

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

16. Informant Mrs. Paul W. Jenkins
Address 1225 W. 55th Street

17. (a) Cremation (b) Date thereof Feb. 16, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director D.W. 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)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2 day 11
year 42 hour 1 minute P M.
21. I hereby certify that I attended the deceased from 1 20 P M
1942 to 7 11 1942
that I last saw him alive on 2 11 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Stroke
Due to arteriosclerosis
Due to Arteriosclerosis
Other conditions Coronary atherosclerosis
(Include pregnancy within 3 months of death)
Major findings: 940
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 [Signature] (M. D. or other) _____
Address 920 N. 13th St Date signed 2/13/42

Dr. C. C. Conover
730 Prof. Bldg.

5930 Oakwood Road.
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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..... *Emile M. Calhoun*

Licensed Embalmer No..... *3506*

P. O. Address..... *Kc 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.