

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 0
(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 32 years
years, months or days)

3. (a) PRINT RICHARD MAKEPEACE
FULL NAME

3. (b) If veteran, name war No
 3. (c) Social Security No. 487-05-4136

4. Sex Male White 5. Color or race White
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Dolores Makepeace
 6. (c) Age of husband or wife if alive 33 years
 7. Birth date of deceased May 7 1909
(Month) (Day) (Year)

8. AGE: Years 32 Months 9 Days 24
 If less than one day
 hr. min.

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

10. Usual occupation Open Hearth Worker

11. Industry or business:

12. Name Richard Makepeace
 13. Birthplace England
(City, town, or county) (State or foreign country)
 14. Maiden name Blanche Creekbaum
 15. Birthplace Colorado
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dolores Makepeace
 (b) Address Route 1, Independence, Mo.

17. (a) Burial (b) Date thereof 3-3-1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City, Mo.

19. (a) 3/3/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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. 1020 East 8th St.
(If rural, give location)
 (e) Citizen of foreign country? Yes (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st
 year 1942 hour 8 minut 55 P. M.

21. I hereby certify that I attended the deceased from 2-28-42 19. to 3-1-42 19.
 that I last saw him alive on 3-1-42 19.
 and that death occurred on the date and hour stated above.

Immediate cause of death:
DIABETES MELLITUS WITH DIABETIC COMA

Due to 61

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
 Of operations

Of autopsy
See above

Duration

PHYSICIAN

Underline
 the cause to
 which death
 should be
 charged sta-
 tistically.

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? Yes (Specify type of place) (e) Means of injury.

23. Signature Amey R. Thorn (M.D. or other)
Med. Dir. K.C. Gen. Hospital 3-2-42
 Address Date signed

MAR 23 1951

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..... *Elmer C. Redekin*.....

Licensed Embalmer No. *3495*.....

P. O. Address..... *H. 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.