

FILED MAR 9 1942 399
Registration District No. 2399

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

(c) Name of hospital or institution St. Joseph Hospital
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution One Day
(If not in hospital or institution, write street number or location)

In this community
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 23rd College
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Harry Joseph Pilcher

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive years

7. Birth date of deceased March 27, 1941
(Month) (Day) (Year)

8. AGE: Years 0 Months 10 Days 11 If less than one day
hr. min.

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

10. Usual occupation none

MOTHER FATHER { 12. Name Harry Spittler

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Ella Grammer

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

16. (a) Informant Miss Ella Grammer

(b) Address 1856 E. 79th St.

17. (a) BURIAL (b) Date thereof 2-10-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's Cem.

18. (a) Signature of funeral director John W. Wagner

(b) Address Kansas City, Missouri

19. (a) 2/10/42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Day 2-8-42 Year hour 5 minute 080 M.

21. I hereby certify that I attended the deceased from Pathologist to , 19 , that I last saw h. alive on , 19 , and that death occurred on the date and hour stated above.

Immediate cause of death Acute Staphylococci Pneumonia
(influent bronchio)

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

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 (M. D. or other)

Address Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Cecil P. Matthews

Licensed Embalmer No.....

3807

P. O. Address.....

Kansas City, 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.