

FILED MAR 9 1942  
Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

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:  
10th Floor of City Hall K.C. Mo.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
(Specify whether  
In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson <sup>48</sup>  
(c) City or town Kansas City <sup>3</sup>  
(If outside city or town limits, write "RURAL") <sup>8</sup>  
(d) Street No. 1317 Campbell  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Charles Joseph Preston

3. (b) If veteran, name war WW 3. (c) Social Security No. MO

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

(b) Name of husband or wife Sofara Preston 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug 10 1871  
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 2 If less than one day  
..... hr. .... min.

9. Birthplace.....  
(City, town, or county) (State or foreign country) Mo. 0

10. Usual occupation Laborer

11. Industry or business.....

12. Name No record

13. Birthplace No Record <sup>9</sup>  
(City, town, or county) (State or foreign country)

14. Maiden name No Record

15. Birthplace No Record <sup>9</sup>  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Emma Beckman

(b) Address 1305 Charlotte

17. (a) Burial (b) Date thereof Feb 14 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Amazonia Mo

18. (a) Signature of funeral director Mrs. C.L. Forster

(b) Address Kansas City Mo.

19. (a) 2/13/42 (b) M. M. Grome  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 12th  
year 1942 hour 2 minute 15 P.M.

21. I hereby certify that I attended the deceased from.....  
to.....  
that I am a duly qualified.....  
and that the death occurred on the date and hour stated above.  
Immediate cause of death.....  
Duration.....

Due to Acute coronary thrombosis  
Due to.....

Other conditions.....  
(Include pregnancy within 3 months of death) 94 W

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. Signat W. M. Grome (M. D. or other).....

Address K.C. Mo. Date signed.....

PHYSICIAN

Underline the cause to which death should be charged etiologically.

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

MOTHER FATHER

**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.....  
.....  
Licensed Embalmer No. 1621  
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.**