

FILED APR 25 1942
Registration District No. **379**

Primary Registration District No. **1002**

748
3
8
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:
1409 Admiral Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **13 Years**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mr. Harry K Metcalf**

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 **Married**

6. (b) Name of husband or wife **Mrs. Florence E. Metcalf**

6. (c) Age of husband or wife if alive **44** years

7. Birth date of deceased **Sept. 21, 1883**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	6	17	hr. min.

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

10. Usual occupation **Tourist Court Operator**

11. Industry or business **For Self-1409 Admiral**

12. Name **George A. Metcalf**

13. Birthplace **Rockford Maine**
(City, town, or county) (State or foreign country)

14. Maiden name **Lizzie A. Simonson**

15. Birthplace **Camden Maine**
(City, town, or county) (State or foreign country)

16. (a) Informant **Florence E Metcalf**

(b) Address **1409 Admiral**

17. (a) **Burial**
(Burial, cremation, or removal)

(b) Date thereof **4-10-1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park Cem.**

18. (a) Signature of funeral director **D. W. Newcomer Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **4-10-42** (b) **M. M. Brown**
(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. **1409 Admiral Blvd.**
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8th**
year **1942** hour **6** minute **15 P. M.**

21. I hereby certify that I attended the deceased from **June-6-1941**, 19 **42** to **April 8**, 19 **42**
that I last saw him alive on _____, 19 _____
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Exhaustion
oedema - General
Due to: Caecum Prostate

Other conditions:
(Include pregnancy within 3 months of death)
To. Urth. Prostetic Resection

Major findings:
Of operations **Carcinoma**

Of autopsy **No**

Duration

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 **0**

23. Signature **M. M. Brown** (M. D. or other)
Address **1019 Perry Blvd.** Date signed **4/8/42**

1019 Professional Body
12:30-4

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 Kemo

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.