

Registration District No. 399

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town K.C.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Lauriat Hotel 6th & Walnut
(If not in hospital or institution, write street number or location)

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

In this community unknown
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Sylvian

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased unk
(Month) (Day) (Year)

8. AGE: Years app 57 Months _____ Days _____ If less than one day _____ yr. _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant Colonel

(b) Address K.C. Mo.

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

(b) Date thereof 4/19/42
(Month) (Day) (Year)

(c) Place: burial or cremation Maple Hill

18. (a) Signature of funeral director [Signature]

(b) Address 901 E 5th

19. (a) 4-10-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town K.C.
(If outside city or town limits, write "RURAL")

(d) Street No. Portland Hotel 6th Main
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 42 hour 8:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Brown _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease

Due to _____

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy _____

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 name of place) (Means of injury)

23. Signature [Signature] (M. D. or other) _____
Date signed 4/10/42

48
3
8
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

Ray E. Snow

Licensed Embalmer No. *2560*

P. O. Address *K. E. M.*

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.