

FILED MAY 14 1942

Registration District No. 37

Primary Registration District No. 1002

Registrar's No. 1708

1. PLACE OF DEATH: Jackson

(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: 2810 Madison /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 35 years
(Specify whether years, months or days)

In this community. 35 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson 47

(c) City or town. Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2810 Madison /
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country.

3. (a) PRINT FULL NAME. George W. House

3. (b) If veteran, name war. No

3. (c) Social Security No. No

4. Sex. Male ()

5. Color or race. Wh

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

6. (b) Name of husband or wife. Nancy House

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

7. Birth date of deceased. June 2 1870
(Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 29
If less than one day hr. min.

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

10. Usual occupation. Retired R. R. Employee

11. Industry or business. Frisco

MOTHER FATHER {

12. Name. Halloway House

13. Birthplace. No Record 4
(City, town, or county) (State or foreign country)

14. Maiden name. No Record 9
" " " "

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

16. (a) Informant. Arthur L. House

(b) Address. 2810 Madison

17. (a) Burial (b) Date thereof. 5-2-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Maple Park Cemetery

18. (a) Signature of funeral director. J. W. Wagner
(b) Address. Kansas City, Mo.

19. (a) 5-1-42 (b) M. M. Crave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. May day 1
year 1942 hour 3:00 minute A. M.

21. I hereby certify that I attended the deceased from Feb 6, 1942 to May 1, 1942
that I last saw him alive on May 10, 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Thrombosis

Due to. Atherosclerosis

Due to. Hypertension

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

PHYSICIAN

Major findings: Of operations

Of autopsy

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) Means of injury

23. Signature. Ernest W. ... (Dr. D. or other)

Address. 715 Argon ... Date signed

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

715-299182
H.A. 3/2/54

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 A. R. Haunschild
Licensed Embalmer No. 4159
P. O. Address K. 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.