

FILED MAR 12 1942 99

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1630

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:
211 Westport Avenue /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution.....
 In this community 55 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson #8
 (c) City or town Kansas City 33
 (If outside city or town limits, write "RURAL") 0
 (d) Street No. 3744 Wyandotte 0
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

3. (a) PRINT FULL NAME John Tremain
 (b) If veteran, name war no.
 (c) Social Security No. none.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Apr. day 27
 year 1942 hour 1:50 PM minute..... M.

4. Sex Male 0
 5. Color or race white
 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Ora.
 6. (c) Age of husband or wife if alive 58 years
 7. Birth date of deceased Nov. 16 1964
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 18th
1942, to April 27th 1942
 that I last saw him alive on April 22nd 1942
 and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 5 Days 7
 If less than one day hr. min. 0

Immediate cause of death
berry inclusion
 Due to asthenosis with splenomegaly

Duration
10 days

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Barber owner.

Due to.....
 Due to.....
 Other conditions (Include pregnancy within 3 months of death) 9/4/42

PHYSICIAN

 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business.....
 12. Name Unknown
 13. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 14. Maiden name Unknown
 15. Birthplace Unknown 9
 (City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Ora Tremain
 (b) Address 3744 Wyandotte
 17. (a) burial (b) Date thereof 4/25/42
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Memorial Park Cemetery
 18. (a) Signature of funeral director R. V. Lindsey & Sons
 (b) Address 3811 Broadway
 19. (a) 4-25-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

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?

 (Specify type of place)
 While at work?..... (e) Means of injury 3
 23. Signature Dr. James J. Bratcher (M. D. or other) Dr.
 Address 1007 Chambers Bldg Date signed 4/27/42

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

MAR 22 1943

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..... *Leon W. Stewart*.....
Licensed Embalmer No..... *4177*.....
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.