

FILED JUN 11 1942
Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 2178

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

1. PLACE OF DEATH: Jackson
 (a) County: Jackson
 (b) City or town: Kansas City
 (c) Name of hospital or institution: K.C. General Hospital No. 1
 (d) Length of stay: 1 day
 In this community: 1 Day

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri N.J. (b) County: Jackson
 (c) City or town: Kansas City Jersey City
 (d) Street No.: 305 Academy St., Jersey City, N.J.
 (e) Citizen of foreign country? (Yes or No) 2
 If yes, name country: _____

3. (a) PRINT FULL NAME: George Hussey
 (b) If veteran, name war: World War I
 (c) Social Security No.: none
 4. Sex: male (5) Color or race: White
 (6) (a) Single, widowed, married, divorced: 2 divorced
 (b) Name of husband or wife: none
 (c) Age of husband or wife if alive: _____ years
 7. Birth date of deceased: June 25 1890
 (Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month: May day: 31st
 year: 1942 hour: 1 minute: 10 P. M.
 21. I hereby certify that I attended the deceased from 5-30-42 to 5-31-42
 that I last saw him alive on 5-31-42
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	51	11	6	hr. _____ min.

Immediate cause of death: Pulmonary Tuberculosis
 Due to: 13 B
 Due to: _____
 Other conditions: _____
 (Include pregnancy within 3 months of death)

9. Birthplace: none (City, town, or county) 9 (State or foreign country)
 10. Usual occupation: Auditor
 11. Industry or business: _____
 12. Name: unknown
 13. Birthplace: none (City, town, or county) 9 (State or foreign country)
 14. Maiden name: unknown
 15. Birthplace: none (City, town, or county) 9 (State or foreign country)

Major findings: _____
 Of operations: _____
 Of autopsy: See above
 PHYSICIAN: _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant: Richard Clark
 (b) Address: K.C. Gen. Hosp.
 17. (a) (b) Date thereof: 6-7-42
 (c) Place: burial or cremation: Cremation
 18. (a) Signature of funeral director: Wm. A. Johnson
 (b) Address: City, Mortician
 19. (a) (b) (c) (d) (e) (f) (g) (h) (i) (j) (k) (l) (m) (n) (o) (p) (q) (r) (s) (t) (u) (v) (w) (x) (y) (z)

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? _____
 (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. Signature: Amey R. Jones (M. D. or other)
 Address: Med. Dir. K.C. Gen. Hospital 6-7-42

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

Wm A. [Signature]

Licensed Embalmer No.

3089

P. O. Address

150 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.