

Registration District No. 379

Primary Registration District No. 1002

Registrar's No.

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:
2031 Belleview
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **31 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City**
2031 Belleview (If rural, give location)
(d) Street No. **0**
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME **Nute Officer**

3. (b) If veteran, name war **None** 3. (c) Social Security **703-03-8828**

4. Sex **M** 2 5. Color or race **Col** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Henrietta R. Officer** 6. (c) Age of husband or wife if alive **52** years
7. Birth date of deceased **August 12 1876**
(Month) (Day) (Year)

8. AGE: Years **65** Months **9** Days **24** If less than one day hr. min.

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

10. Usual occupation **Fireknocker**
K. C. Terminal

11. Industry or business **Jack Officer**

12. Name **Jack Officer**
13. Birthplace **Spartan Tenn.**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary**
15. Birthplace **Spartan Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Henrietta Officer**
(b) Address **2031 Belleview**

17. (a) **burial** (b) Date thereof **6/11/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highaldn Cemetery**

18. (a) Signature of funeral director **Hickins Bros.**
(b) Address **1729 Lydia**

19. (a) **6-10-42** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **6th**
year **1942** hour **11** minute **30 P.**

21. I hereby certify that I attended the deceased from **June 6 1942** to **June 6 1942**
that I last saw **John** alive on **June 6 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** Duration

Due to **74a**
Due to

Other conditions **Emphysema of lungs**
(Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **none**

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) **no**
(b) Date of occurrence
(c) Where did injury occur?
(City or town) (Country) (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 **J. W. Williams** (M. D. or other) **June 10 1942**
Address **100 W. 10th** Date signed

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

48300

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.....

Isaac Jerome Manlove

Licensed Embalmer No.....

3994

P. O. Address.....

2505 Highland

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.