

Registration District No. 329

Primary Registration District No. 1002

Registrar's No. 2312

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:  
6420 Pennsylvania Avenue  
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 6420 Pennsylvania Avenue  
(If rural, give location)

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

If yes, name country: -----

3. (a) PRINT FULL NAME John Aldrige Propst

(b) If veteran, name war No

(c) Social Security No. 495-03-2324

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11  
year 1942 hour 12 minute 30 A. M.

21. I hereby certify that I attended the deceased from June 10, 1942, to June 11, 1942  
that I last saw him alive on June 10, 1942  
and that death occurred on the date and hour stated above.

4. Sex M 5. Color or race W

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

(b) Name of husband or wife MRS. Ethel M. Propst

(c) Age of husband or wife if alive 57 years

7. Birth date of deceased: October 8 1878  
(Month) (Day) (Year)

Immediate cause of death: Coronary Occlusion

Due to: Arteriosclerosis

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

8. AGE: Years 63 Months 8 Days 3  
If less than one day hr. min.

9. Birthplace: Limestone Tennessee  
(City, town, or county) (State or foreign country)

10. Usual occupation: Advertising Department

11. Industry or business: K. C. Power & Light Company

Major findings: Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

PHYSICIAN: \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name: Theodore W. Propst

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

14. Maiden name: Anna L. Hannah

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

16. (a) Informant: Mrs Ethel M. Propst

(b) Address: 6420 Pennsylvania Avenue

17. (a) Burial (b) Date thereof: June 15, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation: Forest Hill Cemetery

18. (a) Signature of funeral director: O. W. Newcomer, Sr.

(b) Address: 1401 Brush Creek Blvd.

19. (a) 6-13-42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

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)

(e) Means of injury \_\_\_\_\_

23. Signature: D. J. Davis (M. D. or other) \_\_\_\_\_

Address: 407 W. 11th Date signed: June 12, 1942

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

4838

341

329-26 4043 N.C. No. 1

**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..... *N.C. Newberry*  
Licensed Embalmer No. *4043*  
P. O. Address..... *N.C. No.*

**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.**