

MAY 29 1942  
Registration District No. 299

Primary Registration District No. 1002

Registrar's No. 1926

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

1. PLACE OF DEATH:  
 Jackson  
 (a) County  
 (b) City or town. Kansas City  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
456 West 62nd Street Terrace  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_  
 In this community 30 Years  
 years, months or days) (Specify whether)

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. 456 West 62nd Street Terrace  
 (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Dan F. Servey  
 3. (b) If veteran, name war None  
 3. (c) Social Security No. 486-05-7615

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month May day 16  
 year 1942 hour 7 minute 00 A.M. or P.M.

4. Sex Male 5. Color or race White  
 6. (a) Single, widowed, married, divorced Married  
 6. (b) Name of husband or wife Mrs. Josephine Servey  
 6. (c) Age of husband or wife if alive 52 years  
 7. Birth date of deceased March 2 1889  
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept 23 1940 to May 15 1942  
 that I last saw him alive on May 15 1942  
 and that death occurred on the date and hour stated above.

8. AGE: Years 55 - Months 2 - Days 14  
 If less than one day hr. min.

Immediate cause of death Coronary Thrombosis  
Cerebral Hemorrhage  
 Due to 94a  
 Due to \_\_\_\_\_  
 Other conditions: \_\_\_\_\_  
 (Include pregnancy within 3 months of death)

9. Birthplace Lola Kansas  
 (City, town, or county) (State or foreign country)

10. Usual occupation President Hayden Co.  
 11. Industry or business \_\_\_\_\_

Physician  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER  
 12. Name G. J. Servey  
 13. Birthplace Unknown Pa  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Josephine Servey  
 (b) Address 456 W. 62nd Street  
 17. (a) Burial (b) Date thereof May 18 1942  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Forest Hill

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? no  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director D. D. Newcombs  
 (b) Address 1401 Brush Creek Blvd.  
 19. (a) May 17 1942 (b) M. M. Crowe  
 (Date received local registrar) (Registrar's signature)

White at work \_\_\_\_\_ (Specify type of place)  
 Means of injury 0  
 23. Signature David B. Thompson (M.D. or other)  
 Address 928 Chestnut Date signed 5-16-42

Mr. David F. Robinson  
Prof. Bldg 12-2

**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.....

*K. C. Moore*

..... Licensed Embalmer No. *4043*.....

..... P. O. Address *K. C. Moore*.....

**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.**