

FILED JUL 9 1942
399
Registration District No.

Primary Registration District No. 1062

1. PLACE OF DEATH:
Jackson
(a) County
(b) City or town Kansas City
(c) Name of hospital or institution:
4838 Charlotte Street
(d) Length of stay: In hospital or institution
In this community Lifetime
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(d) Street No. 4838 Charlotte Street
(e) Citizen of foreign country? None (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Mr. George F. Stetler

3. (b) If veteran, name war None
3. (c) Social Security No. 486-10-4466

4. Sex Male (1) 5. Color or race White
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: September 1 1906
(Month) (Day) (Year)

8. AGE: Years 35 Months 9 Days 26
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business George Cope & Sons

12. Name Howard Stetler

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

14. Maiden name Sarah Billings
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Howard Stetler

(b) Address 4838 Charlotte
17. (a) Burial (b) Date thereof June 30, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director J. H. Newcomer
(b) Address 1401 Brush Creek Blvd.

19. (a) 6-29-42 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 27
year 1942 hour 1 minute 45P. M.

21. I hereby certify that I attended the deceased from
19 to 19

that I last saw him alive on
and that death occurred on the date and hour stated above.

Immediate cause of death Intestinal obstruction

Due to Intra-peritoneal adhesions

Due to 122B

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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) Means of injury

23. Signature J. H. Newcomer (M.D. or other)
Address K. C. Mo. Date signed 6/27/42

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Me

361

7767-M-984

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 Emile M. Catlow

Licensed Embalmer No. 3506

P. O. Address KC 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.