

FILED AUG 19 1942 49

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 3004

1. PLACE OF DEATH:

(a) County **Jackson**

(b) City or town **Kansas City Mo**
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: **347 Norton /**
(If subj in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether years, months or days)

In this community **20 Years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Jackson**

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

(d) Street No. **347 Norton**
(If rural, give location)

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

If yes, name country. _____

3. (a) PRINT FULL NAME **Mortimore A Dearing**

3. (b) If veteran, name war **no.**

3. (c) Social Security No. **None**

4. Sex **Male**

5. Color or race **white**

6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Margaret M March**

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

7. Birth date of deceased **19 1856**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	4	19	hr. _____ min. _____

9. Birthplace **Nodaway co Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Carpenter**

11. Industry or business _____

MOTHER FATHER {

12. Name **Alpheus M Dearing**

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

14. Maiden name **Mary E Wood**

15. Birthplace **Va**
(City, town, or county) (State or foreign country)

16. (a) Informant **Alpheus Dearing**

(b) Address **347 Norton**

17. (a) **Removal** (b) Date thereof **Aug 11 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Guilford Mo**

18. (a) Signature of funeral director **Rose & Henderson**

(b) Address **Kansas City Mo**

19. (a) **8-10-42** (b) **M. M. Browne**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Aug** day **8**
year **1942** hour **9** minute **15** PM.

21. I hereby certify that I attended the deceased from **4-30-42**
19 **8-8** to **8-8** 19 **42**

that I last saw him alive on **8-8-42** and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial Failure Chronic**

Due to **Senile atherosclerosis & claudication**

Due to **93E**

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy **no**

Duration _____

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) _____

(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? **no** (Specify type of place)

(e) Means of injury _____

23. Signature **Samuel Hodge** (M. D. or _____)

Address **North 18 C. Ave** Date signed **8/10/42**

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

48
3
8

361

(Licensed Embalmer's Statement on Reverse Side)

OCT 18 1943

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.....

.....
working under my personal supervision.

..... Registered Apprentice No.....

Signed *N. E. Henderson*.....

Licensed Embalmer No. *3657*.....

P. O. Address *Rt. 6, 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.