

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

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K.C. General Hospital No. 10
(d) Length of stay: In hospital or institution 12 days
In this community 24 years

3. (a) PRINT FULL NAME John Askew
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex m 5. Color or race W
6. (a) Single, widowed, married, divorced. mar
6. (b) Name of husband or wife Sarah Margaret
6. (c) Age of husband or wife if alive 74 years
7. Birth date of deceased Feb 14 1860

8. AGE: Years 82 Months 10 Days 28
If less than one day hr. min.

9. Birthplace mo o

10. Usual occupation Carpenter

11. Industry or business Retired

12. Name Richard Askew

13. Birthplace mo o

14. Maiden name Unknown

15. Birthplace Unknown 9

16. (a) Informant J. F. Askew

(b) Address 11803 Kensington

17. (a) Burial (b) Date thereof 1-14-43

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Blackman

(b) Address K. C. General Hospital
19. (a) 1-14-43 (b) M. M. Brown

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1114 West 2nd St.
(e) Citizen of foreign country? No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 12th
year 1943 hour 4 minute 25 A.M. M.

21. I hereby certify that I attended the deceased from 1-1-43 to 1-12-43
that I last saw him alive on 1-12-43
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of cecum

Due to 46E

Due to

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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Dr. R. P. Thoma (M. D. or other)

Address Med. Dir. K.C. General Hospital Date signed

4805

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

AUG 17 19

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 W D Blackman

Licensed Embalmer No. 3639

P. O. Address 1 E-M

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.