

FILED MAR 31 1943
Registration District No. **799**

Primary Registration District No. **1002**

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: **R.C. General Hospital No. 10**
(If not in hospital or institution, write street number or location)
(d) Length of stay: **In hospital or institution 20 days**
In this community **25 yrs**
(Specify whether years, months or days)

3. (a) PRINT FULL NAME **James R. Core**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

4. Sex **M**
5. Color or Race **W**
6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Unknown**
6. (c) Age of husband or wife if alive **_____** years
7. Birth date of deceased **May 17 1860**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
82 10 6 hr. min.

9. Birthplace **Penn**
(City, town, or county) (State or foreign country)

10. Usual occupation **School Teacher**

11. Industry or business

MOTHER FATHER
12. Name **James R. Core**
13. Birthplace **Penn**
(City, town, or county) (State or foreign country)
14. Maiden name **Nancy McEwen**
15. Birthplace **Penn**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Margaret Wallace**
(b) Address **H 214 Highland**
17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **Mar 25-43**
(Month) (Day) (Year)
(c) Place: burial or cremation **Dreppel m o**

18. (a) Signature of funeral director **E. J. ...**
(b) Address **1900 Pinewood**
19. (a) **3-24-43**
(Date received local registrar) (b) **N. M. Brown**
(Registrar's signature)

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. **908 Washington**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **23rd**
year **1943** hour **10** minute **50 A.M.**

21. I hereby certify that I attended the deceased from **2-3-43** 19... to **3-23-43** 19...
that I last saw **him** alive on **3-23-43** 19...
and that death occurred on the date and hour stated above.

Immediate cause of death **Pyelonephritis**

Due to **Hypertrophy of prostate**
137a

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy **None**

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) (c) Means of injury
23. Signature **Dr. R. L. ...**
Med. Dir. **R.C. General Hospital**
Address Date signed

48
20
0

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

Chas Wilks

Licensed Embalmer No.....

2644

P. O. Address.....

1800 Linwood

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.