

LED MAR 25 1943
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1358

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kan City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1320 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
In this community not recorded years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County Jackson
(c) City or town Kan City
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Matheny
3. (b) If veteran, name war No 3. (c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 12
year 1943 hour 2 minute 10 P.M.
21. I hereby certify that I attended the deceased from _____
Brown
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

4. Sex M. 5. Color or race Wh. 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: no record
(Month) (Day) (Year)

Immediate cause of death
Arteriosclerosis heart
Chorea
Due to _____ 9:25
Due to _____

8. AGE: Years about 76 Months _____ Days _____ If less than one day _____ hr. _____ min.

9. Birthplace: no record
(City, town, or county) (State or foreign country)

10. Usual occupation Labor

11. Industry or business none

12. Name no record

13. Birthplace: no record
(City, town, or county) (State or foreign country)

14. Maiden name _____

15. Birthplace: no record
(City, town, or county) (State or foreign country)

16. (a) Informant Coroner's office
(b) Address Kan City Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3/16/43
(Month) (Day) (Year)

(c) Place: burial or cremation Western Sents house

18. (a) Signature of funeral director F. J. Bergman
(b) Address 2315 Linn

19. (a) 3-19-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy Aspirated heart

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 _____ (Specify type of place) (e) Means of injury _____
23. Signature Asst. Reg. (M.D. or other) 3/16/43
Address _____ Date signed _____

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

MOTHER FATHER

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

H. Bergman

Licensed Embalmer No.

2041

P. O. Address

100 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.