

**FILED JUN 7 1948**  
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. 2165

1. PLACE OF DEATH: Jackson

(a) County Kansas City

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

(c) Name of hospital or institution: A.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Mo. & 2 days  
(Specify whether)

In this community most of His Life  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson **48**

(c) City or town Kansas City **3**  
(If outside city or town limits, write "RURAL")

(d) Street No. 940 West 34th St. **8**  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) **0**

If yes, name country X

3. (a) PRINT FULL NAME George W. Metcalf,

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Married

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

7. Birth date of deceased August 2nd 1864  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

78 9 6 hr. min.

9. Birthplace Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation at home,

11. Industry or business X

MOTHER FATHER { 12. Name Frank Metcalf, 9

13. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown,

15. Birthplace Unknown, 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mildred Metcalf,

(b) Address 940 W. 34th Street, Kansas City, Mo.

17. (a) Burial (b) Date thereof 5-9-43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza K. C., Mo.

19. (a) 5-10-43 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8th  
year 1943 hour 6 minute 30 A.M.

21. I hereby certify that I attended the deceased from 4-6-43, 19   to 5-8-43, 19  ;  
that I last saw him alive on 5-8-43, 19  ;  
and that death occurred on the date and hour stated above.

Immediate cause of death. Fracture of femur, accidental fall on sidewalk 4-6-43

Due to 1864

Due to 79

Other conditions 1864  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Fall **123**

(b) Date of occurrence 4-6-43

(c) Where did injury occur? 31st & Jefferson  
(City or town) (County) (State)

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

While at work? No (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Dr. R. J. Stone (ALP or other) \_\_\_\_\_

Address Med. Div. K.C. General Hospital Date signed 5/9/43

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

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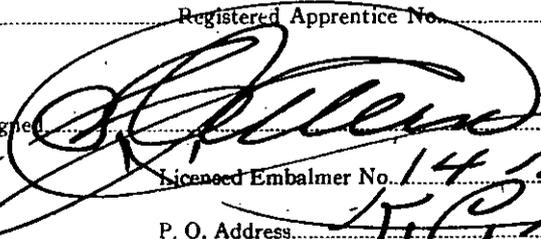
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**STATEMENT BY LICENSED EMBALMER**

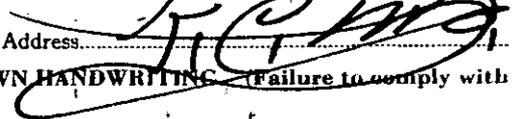
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Registered Apprentice No. ....

Signed  .....

Licensed Embalmer No. 1415 .....

P. O. Address  .....

**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.