

ED JUN 24 1943

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2626

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution days
In this community Lyons (Specify whether years, months or days)

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. 5336 Highland (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Floro

3. (b) If veteran, name war no 3. (c) Social Security none

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

6. (b) Name of husband or wife Gertrude B. Floro 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 7, 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 3 3 _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Don't Know

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Don't Know

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora M. Crismon
(b) Address 5336 Highland

17. (a) Removal (b) Date thereof 6-10-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasanton, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) 6-10-43 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 10
year 1943 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from June 3 1943 to June 10 1943
that I last saw him alive on June 10 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardio vascular renal disease

Due to _____

Due to _____

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

Major findings: _____
Of operations _____

Of autopsy _____

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 Wm R Thom (M. D. or other) _____

Address _____ Date signed _____

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

MOTHER FATHER

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..... *Clarence W. Chiles*

Licensed Embalmer No. *3473*

P. O. Address..... *Kern.*

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.