

FILED JUN 24 1942
Registration District No. 177

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
(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 5 days
(Specify whether years, months or days) Nov. 1942

3. (a) PRINT FULL NAME Harry W. Petrost
3. (b) If veteran, name war World War I
3. (c) Social Security No. 536-01-8744

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Dixie
6. (c) Age of husband or wife if alive 30 years
7. Birth date of deceased June 12 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 11 23 hr. min.

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

10. Usual occupation Musician

11. Industry or business Entertainment

12. Name Henry Hayward Petrost
13. Birthplace Penn
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Warren
15. Birthplace Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Dixie Petrost
(b) Address 816 East 33rd St

17. (a) removal (b) Date thereof June 7, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Omaha, Neb

18. (a) Signature of funeral director Joyce Funeral Home
(b) Address 3146 Main St

19. (a) 6-7-43 (b) M. M. Crown
(Date received local registrar) (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. 2418 Troost
(If rural, give location)
(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day 5
year 43 hour 9:05 P.M.
21. I hereby certify that I attended the deceased from _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction and pro-
longation.
Due to long prostration
Due to shock by motor car
(Destruction)

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy section
22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (Specify) Grand 123
(b) Date of occurrence 3/3/43
(c) Where did injury occur? Broken Car
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? yes (Specify type of place) (e) Means of injury _____

23. Signature Crown Date signed 6/5/43
Address _____

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 Paul G. Rowe

Licensed Embalmer No. 2347

P. O. Address. K. C. 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.