

FILED JUL 19 1943 149

Primary Registration District No. 1002

Registrar's No. 3011

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 Hospt.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 days  
(Specify whether years, months or days) unknown

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1014 Broadway  
(If rural, give location)  
(e) Citizen of foreign country? dont know (Yes or No)  
If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME Charles McCormick

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

4. Sex M. 5. Color or race W. 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 Unknown  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
Aprox. 55 hr. min.

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

10. Usual occupation Electrician

11. Industry or business \_\_\_\_\_

12. Name Unknown 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 Coroner's Office  
(b) Address Jackson County, Mo.

17. (a) Burial (b) Date thereof 7/9/43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Daluth, Minn.

18. (a) Signature of funeral director H. Tigerman & Sons

(b) Address K. C. Mo.

19. (a) 7-7-43 (b) P. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 5 hour 43 minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_;  
that I last saw him/her \_\_\_\_\_ 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Injury Bay Fall  
Due to Fracture of Back  
Due to sub dural hematoma

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: 186g  
Of operations \_\_\_\_\_

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident 123  
(b) Date of occurrence July 3 1943  
(c) Where did injury occur? Coroner City Jackson Mo  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature P. E. Brown (M. D. or other) \_\_\_\_\_  
Address 232 M. Co. 3 Date signed 7/7/43

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.....

*Francis Walter*....., Registered Apprentice No. *2744*  
working under my personal supervision.

Signed *J. M. Regener*.....  
Licensed Embalmer No. *2744*  
P. O. Address *K-9, 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.**