

FILED JUL 27 1943 3542

Primary Registration District No. 1001/000

Registrar's No. 817

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

1. PLACE OF DEATH:

(a) County... BUCHANAN

(b) City or town... ST. JOSEPH

(c) Name of hospital or institution: State Hosp. #2

(d) Length of stay: In hospital or institution 3 mos - 17 D's

In this community... yes

2. USUAL RESIDENCE OF DECEASED:

(a) State... mo (b) County... Jackson

(c) City or town... Kansas City mo

(d) Street No. (If rural, give location)

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

If yes, name country Jackson

3. (a) PRINT FULL NAME WALTER NAMBRIGHT

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 27 year 1943 hour 11 minute 45 A.M.

21. I hereby certify that I attended the deceased from JUNE 20 1943 to JUNE 27 1943 that I last saw him alive on JUNE 27 1943 and that death occurred on the date and hour stated above.

4. Sex Male Color or race WHITE divorced YES

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

7. Birth date of deceased (Month) Day Year 1884

Immediate cause of death Broncho Pneumonia and Myo-Carditis

Duration 1 WEEK

8. AGE: 59 Years Months Days If less than one day hr. min.

Due to Somatic Heart diseases

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

Due to

10. Usual occupation Train Inspector

Other conditions (Include pregnancy within 3 months of death) 9321

11. Industry or business

PHYSICIAN

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

Major findings: Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs VAHENE COY

(b) Address 3614 Tracy St - City mo

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

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

17. (a) (b) Date thereof 6-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City mo

(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?

18. (a) Signature of funeral director J. A. Eyster

(b) Address 1806 Lenwood Ave.

While at work? (Specify type of place) (e) Means of injury

19. (a) 6-27-43 (b) Registrar's signature

23. Signature R. B. T. Sweeney (M. D. or other) M.D.

Address St Joseph, mo Date signed 6-27-43

JUL 28 1943

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.....

Licensed Embalmer No.....

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.