

AUG 27 1943

149

Primary Registration District No. 1002

Registrar's No. 3571

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:
St. Luke's Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days,
(Specify whether

In this community since 1917
years, months or days)

3. (a) PRINT FULL NAME Samuel R. Iams,

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex Male

5. Color or Grace White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Julia W. Iams,

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

7. Birth date of deceased May 14 1885
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
58	3	3	_____hr. _____min.

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

10. Usual occupation Salesman,

11. Industry or business Insurance,

MOTHER FATHER {

12. Name Gray P. Iams,

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

14. Maiden name Virginia Patterson

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

16. (a) Informant Mrs. Julia W. Iams,

(b) Address 4032 McGee, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 8-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

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

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 8-18-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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. 4032 McGee Street,
(If rural, give location)

(e) Citizen of foreign country? NO. (Yes or No) ⁰
If yes, name country _____ X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 17th
year 1943 hour 10:10 minute P. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Generalized peritonitis

Due to Carcinoma of prostate

Due to 5/8

Other conditions Terminal bronchopneumonia
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy as above

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) L

(b) Date of occurrence _____

(c) Where did injury occur? L
(City or town) (County) (State)

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

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

23. Signature Maurice Jones (M. D. number) 0
Address 909 Asylum Bldg Date signed 8-18-43

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address W. 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.