

ED SEP 16 1943

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 117

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural - Prairie Twp
(c) Name of hospital or institution: Jackson County Home for Age
(d) Length of stay: In hospital or institution 13 yrs 8 months 27 days
In this community 5 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Rural - Prairie 048
(d) Street No. J C Home
(e) Citizen of foreign country? No
If yes, name country

3. (a) PRINT FULL NAME Nate Widel

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

4. Sex male 5. Color or race white 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 July 4, 1862 (Month) (Day) (Year)

8. AGE: Years 81 Months 1 Days 9 If less than one day hr. min.

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

10. Usual occupation Labour

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant Records J.C. Home

(b) Address Little Blue, Mo

17. (a) Anatomical (b) Date thereof 2-16-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation KC College of Dist + Surg

18. (a) Signature of funeral director M.B. Schick (b) Address Lees Summit Mo

19. (a) Aug 16, 1943 (b) F.W. Schick (Date received local registrar) (Registrar's signature)

1162 (Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 13 year 1943 hour 7:30 minute P.M.

21. I hereby certify that I attended the deceased from Jan 1, 1943 to 8/13, 1943 that I last saw him alive on 8/12-8/13 and that death occurred on the date and hour stated above.

Immediate cause of death: chronic myocarditis

Due to...

Due to... Other conditions (Include pregnancy within 3 months of death) 93d

Major findings: Of operations... Of autopsy... 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)...

(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 J. W. Geary (M. D. or other) Address Lees Summit Mo Date signed 8/14/43

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

0000

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 *N. B. Langford*
Licensed Embalmer No. *13833*
P. O. Address *Lees Summit, 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.