

LED NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH: JACKSON

(a) County KANSAS CITY

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 6732 Walbrook
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)

In this community 25 years

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. 6732 Walbrook
(If rural, give location)

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

3. (a) PRINT FULL NAME COMINGS EVERETT

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 10th
year 1943 hour 17 minute 30 A.M.

21. I hereby certify that I attended the deceased from Oct. 9-12
1943 to Oct. 10, 1943
that I last saw h*i*m alive on Oct. 9th, 1943
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Mabel Comings 6. (c) Age of husband or wife if alive 65² years

7. Birth date of deceased Sept 12-1857
(Month) (Day) (Year)

Immediate cause of death Atherosclerosis
Chronic Hypertension

Due to Old Age

Due to Brain Hemorrhage 6 yrs.

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: 86 Years 0 Months 28 Days
If less than one day _____ hr. _____ min.

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

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

10. Usual occupation Colonization

11. Industry or business Sherman Comings

12. Name Vermont

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

14. Maiden name Unknown

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

16. (a) Informant Mabel Comings

(b) Address 6732 Walbrook

17. (a) Burial (b) Date thereof 10-12-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Suddarth

(b) Address Mo

19. (a) 10-11-43 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

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? X (Specify type of place) _____
(e) Means of injury _____

23. Signature J. J. Jones (M. D. or other) _____
Address 80th + Park Date signed 11/4/43

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

MOTHER FATHER

21

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.