

NOV 1 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2222

1. PLACE OF DEATH

(a) County Jackson
(b) City or town Jackson City
(c) Name of hospital or institution: at 25 st and Jefferson
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community _____ (Specify whether
years, months or days)

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. 3231 Prospect
(If rural, give location)
(e) If foreign born, how long in U. S. A. all his life years.

3. (a) PRINT FULL NAME PAUL-A-SHANK

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Male 5. Color or Race W 6. (a) Single, widowed, married, divorced, widow

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

7. Birth date of deceased June 16 1871
(Month) (Day) (Year)

8. AGE: Years 72 Months 23 Days 13 If less than one day hr. min.

9. Birthplace Fort Scott Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation oilman

11. Industry or business retired

MOTHER FATHER { 12. Name Unknown 9

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

14. Maiden name _____ 9

16. (a) Informant Mrs. Tate

(b) Address 3231 Prospect

17. (a) Burial (b) Date thereof 10-5-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenwood Cemetery

18. (a) Signature of funeral director P. H. Thomas
(b) Address 3513 Main St

19. (a) 10-9-43 (b) Dob (Registrar's signature)
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month sep. day 28
year 1943 hour 11 minute 58 A.M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart

Due to Chaussi

Due to 93d

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

Major findings: Of operations _____

Of autopsy myocardial infarction

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? _____

23. Signature P. H. Thomas (M. D. or other) 3/10/43
Address 3513 Main St Date signed _____

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

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 P. G. Theissen

Licensed Embalmer No. 2351

P. O. Address 2572 Holmes St

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, above space should be left blank.