

FILED JAN 3 1944

Registration District No. 149 Primary Registration District No. 1002

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: 107 Ward Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 107 Ward Parkway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ---

3. (a) PRINT FULL NAME MR. MICHAEL W. KENT

3. (b) If veteran, name war World War #1 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. ANN KENT 6. (c) Age of husband or wife if alive 34 years

7. Birth date of deceased NOVEMBER 15 1890
(Month) (Day) (Year)

8. AGE: Years 53 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation M.F.C. CHEMIST

11. Industry or business

12. Name JEROME KENT

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

14. Maiden name DOROTHY UNKNOWN

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

16. (a) Informant JAMES YOUNG

(b) Address 3006 ARMOUR

17. (a) CREMATION (Burial, cremation, or removal) (b) Date thereof DEC 14, 1943
(Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMERS SONS

18. (a) Signature of funeral director D. W. Newcomers

(b) Address 1401 BRUSH CREEK BLVD

19. (a) 12-14-43 (b) M. E. Purson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 11TH year 1943 hour 8 minute 23P M.

21. I hereby certify that I attended the deceased from Sept 25, 1942 to Dec 11, 1943
that I last saw him alive on Dec 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death uricic poison acute dilatation of heart chronic myocarditis
Due to coronary sclerosis
Due to cardio renal

Other conditions (Include pregnancy within 3 months of death) 13/2

Major findings: Of operations _____
Of autopsy _____

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 Dr. F. D. Smith (Specify type of place) (b) Means of injury SO
Address 2748 Charlotte St (M. D. or other) Date signed 12/14/43

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

JAN 6 1944

1-7
J. A. McElroy
2748 Charlotte
In. 20993

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K 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.