

2
-43
7-39
(36671)

FILED FEB 3 1944
Registration District No. **149**

Primary Registration District No. **10025**

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:
Union Station 3
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Fairmount
(If outside city or town limits, write "RURAL")

(d) Street No. 539 So. Cedar
(If rural, give location)

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

3. (a) PRINT FULL NAME Floyd Case

3. (b) If veteran, name war World War

3. (c) Social Security No. 703-03-8502

4. Sex Male **5. Color or race** White

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

6. (b) Name of husband or wife Hilda Belle Case

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

7. Birth date of deceased Dec. 6 1896
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>47</u>	<u>1</u>	<u>5</u>	hr. _____ min.

9. Birthplace Spring Valley Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Mail Handler

11. Industry or business Kansas City Term

12. Name Anson E. Case

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

14. Maiden name Louise Pettit

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

16. (a) Informant Hilda Belle Case

(b) Address 539 So. Cedar - Fmt. Sta. - K.C. Mo.

17. (a) Burial (b) Date thereof 1-14-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director George C. Cardon

(b) Address Independence Mo.

19. (a) Date received local Registrar Jan 17 1944 (b) J. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 11
year 44 hour 6:35 min. 18 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
Cerebral occlusion
Chronic myocardial infarction

Due to _____

Due to _____

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

Major findings:

Of operations _____

Of autopsy Autopsy

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) _____

(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 Q. E. [unclear] 3 (M. P. County)

Address [unclear] **Date signed** 1/14/44

REVERSE SIDE OF THIS FORM IS A PERMANENT RECORD

FEB 7 1944

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

Hoyd C Carson
#1199

Licensed Embalmer No. *1199*

P. O. Address

Independence

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.