

FILED FEB 3 1949

State File No. _____

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 131

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Van City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2332 - Benton
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 20 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County Jackson
 (c) City or town Van City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2332 Benton Blvd. (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Jacob Dishing
 3. (b) If veteran, name war No 3. (c) Social Security No. 70

4. Sex M 5. Color or race Wh 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Laylens 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased May 22 1874 (Month) (Day) (Year)

8. AGE: Years about 69 Months 7 Days 18 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name No record
 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 Ollie Dishing
 (b) Address 139 - Ad Pecan
 17. (a) Burial (b) Date thereof 1-11-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director H. H. Bugman
 (b) Address 2315 Leimoch
 19. (a) Jan 11 1949 (b) J. E. Brown
 (Date received from registrar) (Registrar's signature)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Jan day 9
 year 1944 hour 5 minute P.M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
Reputy Coroner
 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 Disease -

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

PHYSICIAN
 Major findings: _____
 Of operations _____
 Of autopsy Inspection & history

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) _____ (c) Means of injury _____
 23. Signature J. E. Washer (M. D. or other) M.D.
 Address 23 M. Co Date signed 1/10/49

4151

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 Harry Bergman

Licensed Embalmer No. 2041

P. O. Address Kan. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.