

FILED FEB 12 1944
Registration District No.

Primary Registration District No. 1002

Registrar's No. 208

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution 3127 Benton Blvd. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)
In this community 3 Years.
years, months or days)

3. (a) PRINT FULL NAME William T. PACKWOOD.

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

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased December 25th, 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>0</u>	<u>18</u>hr. min.

9. Birthplace Agency Iowa /
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Hotel Operator.

11. Industry or business

12. Name James Packwood
13. Birthplace Unknown Unknown /
(City, town, or county) (State or foreign country)

14. Maiden name Eleanor Forthsyth
15. Birthplace Unknown Unknown /
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. G.G. Pointer

(b) Address 3127 Benton Blvd.
17. (a) Removal (b) Date thereof 1/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Coffeyville Kansas

18. (a) Signature of funeral director Medolody-McGilley

(b) Address K. C. Mo.

19. (a) Jan 14, 1944 (b) McKenna
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 3127 Benton Blvd.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 13th
year 1944 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Dec 30, 1943 to Jan 13, 1944
that I last saw him alive on Jan 11, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 13 days

Due to High blood pressure

Due to 830'

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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 A L Henson (M. D. or other) A. O.
Address 3400 East 31 Date signed Jan 13, 1944

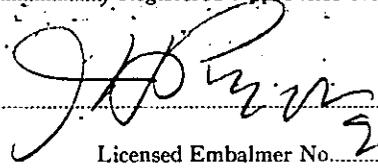
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

2
42
-39
32873

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. 2979

P. O. Address..... K.L.

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.