

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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: K. C. General Hospital No. 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 25 YEARS
years, months or days)

3. (a) PRINT FULL NAME BERTLEY Robert Vose

3. (b) If veteran, name war No 3. (c) Social Security No. 487-12-0640

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

6. (b) Name of husband or wife MRS. KATHERYN M. VOSE 6. (c) Age of husband or wife if alive 20 years

7. Birth date of deceased JUNE-3-1917
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>26</u>	<u>7</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation CEMENT FINISHER

11. Industry or business PRATT & WHITNEY COMPANY

12. Name CURTIS H. VOSE

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

14. Maiden name MAE G. ROBERTS

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

16. (a) Informant MRS. KATHERYN M. VOSE
(b) Address 7430 CHESTNUT AVENUE

17. (a) BURIAL (b) Date thereof JAN-15-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FOREST HILL CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's done
(b) Address 1401 BRUSH CREEK BLDG.

19. (a) Jan 16 1944 (b) J. E. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City F
(If outside city or town limits, write "RURAL")
(d) Street No. 7430 Chestnut
(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 13
year 1944 hour 4 minute 10 A.M.

21. I hereby certify that I attended the deceased from January 3, 1944 to January 13, 1944
that I last saw him alive on January 13, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pari-Cardium Septicemia 908

Duration _____

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy See above

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 A. E. Upsher (M. D. or other) _____
Address Med. Dir. Gen'l Hosp. Date signed 1-13-44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

8084

JUN 21 1940

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 *H. C. Newberry*

Licensed Embalmer No. 4043

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.