

FILED FEB 24 1944
 Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 720

1. PLACE OF DEATH:
 (a) County Jackson
Kansas City
 (b) City or town
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Joseph Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. 7 weeks
 (Specify whether
 In this community as above
 years, months or days)

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

3. (a) PRINT FULL NAME John J. Courtney
 3. (b) If veteran, name war no.
 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month February day 13th
 year 1944 hour 12:40 minute 8. M.

4. Sex Male 5. Color or race White
 6. (a) Single, widowed, married, divorced. Single
 6. (b) Name of husband or wife. no.
 6. (c) Age of husband or wife if alive. X years
 7. Birth date of deceased: August 30 1895
 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from ago Dec 1943
 that I last saw him alive on 1944
 and that death occurred on the date and hour stated above.
 Immediate cause of death.

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>5</u>	<u>12/13</u>	hr. _____ min.

Myocardial infarction
with
W of participation
 Duration short

9. Birthplace Missouri
 (City, town, or county) (State or foreign country)
 10. Usual occupation Field Man

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

11. Industry or business Production Credit
 12. Name William Courtney
 13. Birthplace Kansas
 (City, town, or county) (State or foreign country)
 14. Maiden name Maie Sullivan
 15. Birthplace Ohio
 (City, town, or county) (State or foreign country)

Major findings:
 Of operations _____
 Of autopsy 920
 PHYSICIAN _____
 Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Lyons,
 (b) Address Plattsburg, Missouri
 17. (a) Removal (b) Date thereof 2-13-44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Plattsburg, Mo.
 18. (a) Signature of funeral director Stine & McClure,
 (b) Address 3235 Gillham Plaza, K. C., Mo.
 19. (a) 2-14-44 (b) T. E. Brown
 (Date received local registrar) (Registrar's signature)

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) (a) Means of injury _____
 23. Signature Dr. John A. Pearson (a. D. or other) _____
 Address 140 N. 1st St. Date dictated 2/14/44

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

FEB 24 1944

Dr. John O. Skinner

W. Bryant Black

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 John L. Plunkley
Licensed Embalmer No. 4056

P. O. Address Kansas City, 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.