

Registration District No. 149

Primary Registration District No. 1002

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

1. PLACE OF DEATH:  
 (a) County Jackson  
 (b) City or town K.C.  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
2320 Highland  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community 45 yrs.  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo. (b) County Jackson  
 (c) City or town K.C.  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2320 Highland  
 (If rural, give location)  
 (e) Citizen of foreign country? No. (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Joseph C Page  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. No

4. Sex M. 5. Color or race Col  
 6. (a) Single, widowed, married, divorced Mar  
 6. (b) Name of husband or wife Marjette Page  
 6. (c) Age of husband or wife if alive 59 years  
 7. Birth date of deceased 11 1874  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>69</u>	<u>10</u>	<u>20</u>	hr. min.

9. Birthplace Heavenworth Co. Kan.  
 (City, town, or county) (State or foreign country)

10. Usual occupation Welder

11. Industry or business Self

12. Name Richard Page

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

14. Maiden name Wm.

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

16. (a) Informant Marjette Page

(b) Address 2320 Highland

17. (a) Burial (b) Date thereof 2-4-44  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director Adkins Bros.  
 (b) Address 2000 - 17

19. (a) 2-2-44 (b) F. E. Brown  
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 31  
 year 44 hour 12 minute 10 P. M.  
 21. I hereby certify that I attended the deceased from Jan 15  
 1944, to Jan 31 1944  
 that I last saw him alive on Jan 31 1944  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Myocardial infarction super. Heart disease Duration 6 mos  
 Due to Chronic nephritis 6 mos

Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death)  
 Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy 1316

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)  
 (c) Means of injury \_\_\_\_\_

23. Signature Arthur Cook (M. D. or other) M.D.  
 Address: 2484 Olive Date signed 2/1/44

---

---

**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 A. I. Moore

Licensed Embalmer No. 948

P. O. Address.....

**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.**