

S. No. 2
OM-5-43
Rev. 5-17-39
I X36571

FILED APR 15 1944

Registration District No. 169

Primary Registration District No. 1002

Registrar's No. 1493

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:
General Hospital - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 wks
(Specify whether)

In this community 40 yrs.
(years, months or days) (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town K.C. 3
(If outside city or town limits, write "RURAL") 8

(d) Street No. 923 Washington
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Calvin Mayor

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color of hair white

6. (a) Single, widowed, married, divorced divorced

6. (b) Name of husband or wife Sina

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 11 23 1857
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3
year 1944 hour _____ minute 8 M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____;

that I last saw h. Deputy Coroner, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Broncho pneumonia Fracture right leg

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 1860g

8. AGE: Years Months Days If less than one day

86 4 10 _____ hr. min.

9. Birthplace Unknown Ohio 1
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Ins. Agent

11. Industry or business _____

12. Name Unknown

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

14. Maiden name H

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

16. (a) Informant Wagon Mayor

(b) Address 624 Webster 4-5-44

17. (a) Burial (b) Date thereof 4-5-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chapel

18. (a) Signature of funeral director Wagon Mayor

(b) Address Kansas City Mo

19. (a) 4-9-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

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) fall 123

(b) Date of occurrence March 19 1944

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur (in or about home, on farm, in industrial place, in public place?)

While at work: No (Specify type of place) (c) Means of injury Fall

23. Signature N. E. Brown (M. D. or other) M. D.

Address 28 M. Co. Y Date signed 4/9/44

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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.....

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.