

FILED APR 15 1944

Registration District No. 799

Primary Registration District No. 1002

Registrar's No. 1589

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: General Hospital No. 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)
 In this community 75 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
(If outside city or town limits, write "RURAL")
 (d) Street No. 2700 Bella Vista
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country

3. (a) PRINT FULL NAME William Albert Northern

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Maggie Northern 6. (c) Age of husband or wife unk years
 7. Birth date of deceased Nov 23 1862
(Month) (Day) (Year)

8. AGE: Years 81 82 Months 4 Days 14 If less than one day hr. min.

9. Birthplace Liberty Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Steel Mills Worker (Retired)

11. Industry or business

12. Name Samuel Northern

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

14. Maiden name Susan Price

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

16. (a) Informant Mrs Babe Rogers

(b) Address

17. (a) Burial (b) Date thereof 4-10-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Indep. Mo

18. (a) Signature of funeral director Mrs. E. L. Foster

(b) Address 918 Brooklyn Kansas City, Mo

19. (a) 4-10-44 (b) D. E. Behner
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 7
 year 1944 hour 6 minute 30 P M.

21. I hereby certify that I attended the deceased from 3-26
1944 to 4-7 1944
 that I last saw h. alive on 19..... ;
 and that death occurred on the date and hour stated above.

Immediate cause of death White Enteritis, non specific.
 Due to Multiple Polypsis of large bowel.

Due to

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

Major findings: Of operations

Of autopsy See above

Duration
 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?

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

While at work? 0 (Specify type of place) (e) Means of injury

23. Signature A. E. Usher (M-D. of City) M.D.
 Address 28 McCoy Date signed 4/8/44

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

MOTHER FATHER

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 Ralph W. Runnels

Licensed Embalmer No. 3860

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.