

U.S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

State File No. 10189
Registrar's No. 1431

Registration District No. 1949

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 KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6511 JEFFERSON STREET
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 18 YEARS (years, months or days)

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. 6511 JEFFERSON STREET
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MR HOWARD FREDERICK VIOT

3. (b) If veteran, name war No 3. (c) Social Security No. 486-09-7290

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. MARY JANE VIOT 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased MARCH 16 1888
(Month) (Day) (Year)

8. AGE: Years 56 Months 0 Days 12 If less than one day hr. min.

9. Birthplace DAYTON OHIO
(City, town, or county) (State or foreign country)

10. Usual occupation MANAGER - LAMP DEPARTMENT

11. Industry or business GENERAL ELECTRIC COMPANY

12. Name JOHN E VIOT

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

14. Maiden name AMY L CAIN

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

16. (a) Informant Mrs. Howard Viot

(b) Address 6511 Jefferson Street

17. (a) CREMATION (b) Date thereof MAR 31 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation D.W. NEWCOMER'S SONS

18. (a) Signature of funeral director D.W. Newcomer's Sons

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 3-31-44 (b) T. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28 7th
Year 1944 hour 2 minute 45 P.M.

21. I hereby certify that I attended the deceased from Sept, 1939, to March 28, 1944
that I last saw him alive on March 28, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Due to General Osteoporosis 5 y^{rs}

Due to _____

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

Major findings:
Of operations § 3.0
Of autopsy _____

Duration

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)

(a) Means of injury _____

23. Signature Marvin P. Kethon (M. D. or other) _____

Address Prof. Belg. Date signed 3-29-44

Professional Body

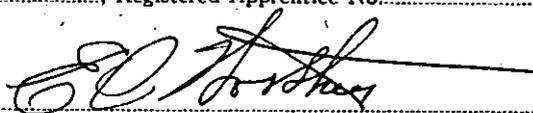
STATEMENT BY LICENSED EMBALMER

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.....

1767

P. O. Address.....

Kansas, City

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.