

2-40
39
23159

State File No.

FILED JUL 15 1944

Registration District No.

Primary Registration District No. 1002

Registrar's No. 2763

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Jackson City

(c) Name of hospital or institution: St. Mary's Hosp
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 week (Specify whether)

In this community 1 week years, months or days

3. (a) PRINT FULL NAME JAMES L. BISHOP

3. (b) If veteran, name war ✓ no

3. (c) Social Security No. none

4. Sex MO

5. Color or race W

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

6. (b) Name of husband or wife Malinda

6. (c) Age of husband or wife if alive 15 years (Day) (Year)

7. Birth date of deceased June 15 1866 (Month) (Day) (Year)

8. AGE: Years 78 Months 0 Days 18 If less than one day

9. Birthplace Greenfield Ill. (City, town, or county) (State or foreign country)

10. Usual occupation contractor

11. Industry or business

12. Name don't know

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

14. Maiden name don't know

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

16. (a) Informant Ruth Sammes

(b) Address Bethel, Kans

17. (a) removal (b) Date thereof July 5 1944 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's

18. (a) Signature of funeral director Geo. F. Portawsons

(b) Address 915 N. 10th St. Kansas

19. (a) 7-3-44 (b) D. E. Brown (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte

(c) City or town Bethel Kans (If outside city or town limits, write "RURAL")

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

(e) If foreign born, how long in U. S. A.? 4 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 3rd year 1944 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from May 1st to July 2nd 1944 that I last saw him alive on July 2 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis of coronary arteries

Due to

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

Major findings: Michael Bennett

Of operations

Of autopsy 94a

Duration 2 weeks

5 years

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) (e) Manner of injury _____

23. Signature Michael Bennett (M. D. or other) M.D.

Address 4369 Professional Bldg. N. O. Mo Date signed 7-3-44

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.....

Howard L. Porter

Registered Apprentice No.....

working under my personal supervision.

Signed.....

Howard L. Porter

Licensed Embalmer No.....

3757

P. O. Address.....

915 N. 10th St. K.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.