

FILED OCT 9 1944

4607
30275
State File No. _____
Registrar's No. 3855

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: Trinity Lutheran Hospital
(d) Length of stay: In hospital or institution 6 days
Life (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 47
(c) City or town Kansas City 3
(d) Street No. 3927 South Benton 7
(e) Citizen of foreign country? No (Yes or No)
If yes, name country. U

3. (a) PRINT FULL NAME HARRY B. PRESTON, Jr.
(b) If veteran, No
(c) Social Security No. 486-10-7855

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept. day 23rd
year 1944 hour 8: minute 30 A.M.

4. Sex Ma 0
5. Color or race Wh
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Margaret M. Preston
(c) Age of husband or wife if alive 48 years
7. Birth date of deceased November 6 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Sept-14-1944 to Sept-23-1944
that I last saw him alive on Sept-22-1944
and that death occurred on the date and hour stated above.

8. AGE: Years 62 Months 10 Days 17
If less than one day hr. min.

Immediate cause of death: Carcinoma of stomach
Due to: 468

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

Other conditions: Arteriosclerosis/General Cerebro-arterio sclerosis
Duration: 32 mo.

10. Usual occupation Adjuster
11. Industry or business K.C. Power & Light Co.

Other conditions (includes pregnancy within 3 months of death)

MOTHER FATHER
12. Name Harry B. Preston
13. Birthplace Alleghany County Pa. 1
(City, town, or county) (State or foreign country)
14. Maiden name Ada Russell
15. Birthplace Brooklyn N.Y. 1
(City, town, or county) (State or foreign country)

Major findings: Carcinoma of stomach
Of operations
Of autopsy
PHYSICIAN Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs. Margaret M. Preston
(b) Address 3927 South Benton
17. (a) Burial (b) Date thereof 9-26-44
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

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?

18. (a) Signature of funeral director J.M. Wagner
(b) Address Kansas City, Mo.
19. (a) 9-24-44 (b) N.E. Brown
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury
23. Signature (M. D. or other) Date signed Sept 23-44
Address 106 W 14th St KC Mo

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

106 M. 14th
Kans 0060

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 Alvin R. Hausschild

Licensed Embalmer No. 4159

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.