

No. 2
M-5-43
v. 5-17-39
I X36871

FILED DEC 4 1944

Registration District No. **17**

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:
Home - 2906 East 12th, St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 year
(Specify whether years, months or days)

In this community 1 year
(Specify whether 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. 2906 East 12th, St.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME James Walter Attebery

3. (b) If veteran, name war No

3. (c) Social Security No. 490-05-8227

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 11
year 1944 hour 11 minute 30 P. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Sarah Ann Attebery

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Sept 2nd, 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11/2 1944 to 11/12 1944
that I last saw him alive on 11/12 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>2</u>	<u>9</u>hr.min.

Immediate cause of death Bronchial Pneumonia

Due to acute myo carditis Chronic

Due to

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

Other conditions
(Include pregnancy within 3 months of death)

10. Usual occupation Commonwealth

11. Industry or business Aircraft

Major findings:

Of operations

Of autopsy

93 d.

MOTHER FATHER

12. Name James E. Attebery

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

14. Maiden name Martha Bridges

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

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?

16. (a) Informant Mrs Sarah Attebery

(b) Address 2906 East 12th, St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11/14/44
(Month) (Day) (Year)

(c) Place: burial or cremation Clinton, Missouri

While at work? (Specify type of place)

(e) Means of injury

23. Signature DR Russell (M. D. or other)

Address 3231 - E - 11th St. Date signed 11/12/44

18. (a) Signature of funeral director Earp Funeral Home

(b) Address 4139 East 15th, St.

19. (a) 11-12-44 (Date received local registrar)

(b) T. E. Brown (R3) (Registrar's signature)

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2017910

JAN 10 1945

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.....

John B. Camp

Licensed Embalmer No. *29155*

P. O. Address *19. C. Ind*

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.