

FILED DEC 4 1944 49
Registration District No.

Primary Registration District No. **1002**

Registrar's No.

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: **St Marys Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **15 days** (Specify whether years, months or days)
In this community **15 days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Johnson**
(c) City or town **Olathe**
(If outside city or town limits, write "RURAL")
(d) Street No. **East Santa Fe Street**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Fredrick Richard Posornow**

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 **Hazel H. Posornow** 6. (c) Age of husband or wife if alive **unk** years

7. Birth date of deceased **March 25 1886**
(Month) (Day) (Year)

8. AGE: Years **58** Months **8** Days **0** If less than one day

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

10. Usual occupation **Produce Merchant**

11. Industry or business **Commission Co.**

MOTHER FATHER { 12. Name **Fredrick William Posornow**

13. Birthplace **Saxony Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Pocorney**

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

16. (a) Informant **Hazel H Posornow**

(b) Address **Olathe Kansas**

17. (a) **Removal** (b) Date thereof **11-25-1944**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Olathe, Kansas**

18. (a) Signature of funeral director **H.E. Julian**

(b) Address **Olathe Kansas**

19. (a) **11-25-44** (b) **T.E. Brown (V3)**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **11** day **25**
year **44** hour **1:30** min **PM** M.

21. I hereby certify that I attended the deceased from **11/25/44** 19... to 19...
that I last saw him alive on 19... and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Cervical spine
myelomalacia of Cervical cord**

Due to **Injury by fallen beam**

Other conditions (Include pregnancy within 3 months of death) **1866-5**

Major findings: Of operations **18**

Of autopsy **see above**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **Accident**

(b) Date of occurrence **11/25/44**

(c) Where did injury occur? **Olathe, Mo**
(City or town) (County) (State)

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

While at work? **no** (Specify type of place) (e) Means of injury **11/25/44**

23. Signature **OT Steteh** (M. D. or D. O.) **3**

Address **same** Date signed **11/25/44**

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

49
00 3300

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.....

H. E. Julian

Licensed Embalmer No..... 2042

P. O. Address..... Olathe Kansas

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.