

Registration District No. _____

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:
3621 - AGNES AVENUE
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 22 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. 4929 - OLIVES STREET
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME MR AMIL JACOB BACK
 3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month DEC. day 3RD
 year 1944 hour 1 minute 35 P.M.

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MRS. MARIE BACK 6. (c) Age of husband or wife if alive 66 years
 7. Birth date of deceased DECEMBER - 4 - 1877
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>72</u>	<u>11</u>	<u>30</u>	hr. _____ min.

Immediate cause of death Coronary Thrombosis
 Duration 24 hr

9. Birthplace PRAIRIE DUCHIEN WISCONSIN
(City, town, or county) (State or foreign country)
 10. Usual occupation RETIRED - OWN BUSINESS
 11. Industry or business REAL ESTATE

Due to _____
 Due to _____
 Other conditions slight stroke
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

MOTHER FATHER

12. Name WILLIAM BACK JR
 13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)
 14. Maiden name UNKNOWN WALZER
 15. Birthplace UNKNOWN
(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 Amil C Back, MD
 (b) Address Lacrosse, Wisconsin
 17. (a) BURIAL (b) Date thereof DEC-6-1944
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation MT. MORIAH CEMETERY
 18. (a) Signature of funeral director D.V. Newcomer's Sons
 (b) Address 1401 BRUSH GREEN BLVD.
DEC 6, 1944 S E Brown
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (c) Means of injury 0
 23. Signature Amil C Back, MD (M.D. brother)
 Address 221 Plaza Med Bldg Date signed 12/4/44

H.P. PPD.

221 Plaza Medical Bldg
315 Alhambra Road
11.30.4

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.....

K. C. M. Neuromerja

Licensed Embalmer No. 4043

P. O. Address K.C. 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.