

FILED FEB 6 1945
1949

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: K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 7 days
(Specify whether years, months or days)
In this community 44 Years

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. 3316 Flora
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME

Jerome Becker

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs Mary Becker 6. (c) Age of husband or wife if alive 87 years
7. Birth date of deceased August 30th 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
88 4 9
hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Retail DryGoods Store

12. Name Jeremiah Becker
13. Birthplace Unknown Pennsylvania
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Becker Wife

(b) Address 3316 Flora, K.C. Mo.

17. (a) Burial (b) Date thereof 1/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Melody McGilley

(b) Address K. C. Mo.

19. (a) 1-15-45 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 9
year 1945 hour 6 minute P. M.

21. I hereby certify that I attended the deceased from Jan. 2 1945 to Jan. 9 1945
that I last saw him alive on Jan. 9 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchopneumonia Duration

Due to.....

Due to.....

Other conditions (include pregnancy within 3 months of death) 107

Major findings: Of operations.....
Of autopsy None

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) (a) Means of injury MS

23. Signature A. E. Harker (M. D. or other) MS
Address Med. Dir. Gen'l Hosp Date signed 1-10-45

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

MOTHER FATHER

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.....

Licensed Embalmer No.....
2999

P. O. Address.....
K.C.

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.