

Registration District No. **6 1945/49**

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:
1721 Prospect
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community **67 years.**
years, months or days

3. (a) PRINT FULL NAME **William V. Settles**
 3. (b) If veteran, name war **dont know**
 3. (c) Social Security No. **unknown**

4. Sex **M.** 0 5. Color or race **W.**
 6. (a) Single, widowed, married, divorced **single**
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **July 30, 1877**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 **5** **23** **22** hr. _____ min.

9. Birthplace **Warsaw, Mo.**
(City, town, or county) (State or foreign country)
 10. Usual occupation **Labor**

11. Industry or business _____
 12. Name **Joseph Settles**
 13. Birthplace **Rushville, Ill.**
(City, town, or county) (State or foreign country)
 14. Maiden name **Carrie Sweringer**
 15. Birthplace **Tenn.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Anna Mc. Daniel**
 (b) Address **4539 Tracy**
 17. (a) **Burial** (b) Date thereof **1/24/45**
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation **Memorial Park Cem.**
 18. (a) Signature of funeral director **H. Tigerman & Sons**
 (b) Address **Kansas City, Mo.**
 19. (a) **1-23-45** (b) **D. E. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Mo.** (b) County **Jackson**
 (c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
 (d) Street No. **1721 Prospect**
(If rural, give location)
 (e) Citizen of foreign country? **No.** (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **1** day **22**
 year **1945** hour **12:00** minute **P** M.
 21. I hereby certify that I attended the deceased from _____
Coroner
 that I last saw him _____ alive on _____
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Burial - 1st degree of acute body - Fatemblic & free
 Due to _____
 Due to **181-1**
15
 Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN _____
 Major findings: _____
 Of operations **History & Inspection**
 Of autopsy **no**
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) **accident 123**
 (b) Date of occurrence **1-22-45**
 (c) Where did injury occur? **1721 Prospect, K.C. Jackson, Mo.**
(City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
about Home
(Specify type of place)
 While at work? **no** (e) Means of injury **Fall**
 23. Signature **Jessie Walker** **3** (M. D. or other) **Coroner**
 Address **1424 Oregon rd** Date signed **1-22-45**

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.....

Francis Walton....., Registered Apprentice No. *2744*
working under my personal supervision.

Signed *J. H. Regeman*.....
Licensed Embalmer No. *2744*
P. O. Address *St. P., 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.