

FILED JAN 26 1945

State File No. \_\_\_\_\_

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 99

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 4 days  
In this community unknown  
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. Beverly Hotel, 1001 Locust  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Albert Tobby

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex male 5. Color or race white (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 Oct 13 1870  
(Month) (Day) (Year)

8. AGE: Years 74 Months 21 Days 18 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Freightman, Gen. Express

11. Industry or business \_\_\_\_\_

12. Name Marks, Tobby

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

14. Maiden name Rose Meyer

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

16. (a) Informant Richard Clark

(b) Address P.C. Gen. Hospit

17. (a) Burial (b) Date thereof 1-4-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial

18. (a) Signature of funeral director Wm. G. Plummer

(b) Address City Mortician

19. (a) 1-4-45 (b) T. G. Brown (03)  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 1st  
year 1945 hour 5 minute 48 A. M.

21. I hereby certify that I attended the deceased from 12-28-44 to 1-1-45

that I last saw im alive on 1-1-45 and that death occurred on the date and hour stated above.

Immediate cause of death: CORONARY OCCLUSION

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) (Means of injury)

23. Signature C. E. Kasher (M. D. or other)

Address Med. Dir. K.C. Gen. Hospital R.C. Mo. Date signed \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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**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.....

P. O. Address.....

**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.**