

V. S. No. 2
100M-5-43
Rev. 5-17-39
I X36671

FILED FEB 17 1945

State File No. _____

Registration District No. 149

Primary Registration District No. 10.02

Registrar's No. 592

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. MARY'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 DAYS
(Specify whether years, months or days)

In this community 38 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. 3120 HIGHLAND AVENUE
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country - 0

3. (a) PRINT FULL NAME MR. GEORGE LEE BEDORD

(b) If veteran, name war No

(c) Social Security No. 495-65-2821

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 4TH year 1945 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from Jan. 31, 1945, to Feb 4, 1945; that I last saw him alive on Feb. 4, 1945; and that death occurred on the date and hour stated above.

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MRS. MARY M. BEDORD

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased MAY-5-1892
(Month) (Day) (Year)

Immediate cause of death Respiratory Failure

Due to Pneumococci meningitis 5 days

Due to _____

Other conditions 81
(Include pregnancy within 3 months of death)

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

52 8 29 hr. _____ min.

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

10. Usual occupation STORE ROOM MANAGER

11. Industry or business CONTINENTAL HOTEL

12. Name JOSEPH BEDORD

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

14. Maiden name CHARLOTTE A. MILLER

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

16. (a) Informant MRS. MARY M. BEDORD

(b) Address 3120 HIGHLAND AVENUE

17. (a) BURIAL (b) Date thereof FEB. 6 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director D. H. Newcomer, Sr.

(b) Address 1401 BRUSH CREEK BLDG.

19. (a) 2-6-45 (b) P. E. Brown
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____

Of autopsy Meningitis

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)

(e) Means of injury 0

23. Signature J. Harold M. Roberts (M. D. or other) M.D.

Address 1103 Grand, KCMO Date signed 2-5-45

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

Professional Reddy

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 Frederic W. Colburn
Licensed Embalmer No. 3506
P. O. Address KC 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.