

FILED APR 9 1945

State File No. ....

Registration District No. ....

Primary Registration District No. 3073

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Clay

(b) City or town North Kansas City - Mo. #4  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Home Shelter Inn  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1  
(Specify whether)

In this community Lifetime  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Clay <sup>24</sup>

(c) City or town North-Kansas-City-Mo #4  
(If outside city or town limits, write "RURAL")

(d) Street No. # 4 Rural  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME R. D. Justus

3. (b) If veteran, name war .....

3. (c) Social Security No. 487-01-1568

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 9  
year 1945 hour 10 minute 30 A.M.

4. Sex M 5. Color or race Wht

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

6. (b) Name of husband or wife Bessie M. Justus

6. (c) Age of husband or wife if alive 7 years

7. Birth date of deceased Nov. 7 1898  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-12-45 1945 to deceased 1945  
that I last saw him alive on 3-9-45 1945  
and that death occurred on the date and hour stated above.

8. AGE: Years 52 Months 9 Days 2 If less than one day .....

Immediate cause of death Coronary Arteriosclerosis <sup>Duration 12 hrs</sup>

9. Birthplace Camden Point Mo Mo  
(City, town, or county) (State or foreign country)

Due to .....

Due to .....

10. Usual occupation Plasterer

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

11. Industry or business Plasterer

Major findings: Of operations PH

12. Name John Justus

Of autopsy .....

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

14. Maiden name Bessie Anderson

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

16. (a) Informant Mrs. R. D. Justus

(b) Address North Kansas City, Mo #4

17. (a) buried (b) Date thereof 3-12-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation buried Mo

18. (a) Signature of funeral director Mattie Zimmerman

(b) Address North Kansas City, Mo

19. (a) Mar 10 - 1945 (b) Ruth N. Henry  
(Date received local registrar) (Registrar's signature)

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? .....

23. Signature Ruth N. Henry (M. D. or other) 0

Address North KC, Mo Date signed 3/10/45

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

4000

11021

RECEIVED

District Health Officer No. 8

District File Number

Date Filed 4/6/45

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.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed John A. Norton  
Licensed Embalmer No. 4349  
P. O. Address 270 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.