

No. 2  
-8-43  
-17-39  
X37823

FILED III 17 1945  
Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

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: General Hospital 0  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 3 weeks (Specify whether  
In this community unknown  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City ?  
(If outside city or town limits, write "RURAL")  
(d) Street No. 818 E. 12th 2  
(If rural, give location)  
(e) Citizen of foreign country? no. (Yes or No)  
If yes, name country X

3. (a) PRINT FULL NAME Harry Personett

3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single C  
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years  
7. Birth date of deceased December 5 1872  
(Month) (Day) (Year)

8. AGE: Years about 72 Months 6 Days 29 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business invalid

12. Name unknown,

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

14. Maiden name unknown,

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

16. (a) Informant John Taylor,

(b) Address Kansas City, Missouri

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 7-6-45 (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-5-45 (Date received local registrar) (b) Sheldine Hoome (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 4 1945 year. hour 8 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 6 45 to July 4 45  
that I last saw him alive on July 4 45  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

cardio-vascular accident

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

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

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

Major findings: Of operations 83a

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) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature Clark W. Seely M.D. (M. D. or other) \_\_\_\_\_

Address Med. Dir. K.C. General Hospital Date signed \_\_\_\_\_

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

MOTHER FATHER

SEP 11 1957

**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..... *Robert H Reed* .....

Licensed Embalmer No. *3745* .....

P. O. Address..... *Stans City 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.**