

S. No. 2
DM-5-43
v. 5-17-39
I X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23161

State File No. _____

FILED JUL 17 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 2779

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:
3310 Harrison, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution unknown, (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry Herbert Ready
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Nannie Ready 6. (c) Age of husband or wife if alive unknown, years
7. Birth date of deceased November 12 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 27 17 hr. min.

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

10. Usual occupation at home,

11. Industry or business X

12. Name William Ready

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

14. Maiden name Mattie Lemon

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

16. (a) Informant Mrs. Nannie Ready,

(b) Address 3310 Harrison, Kansas City, Mo.

17. (a) Cremation (b) Date thereof 7-2-45
(Burial, cremation, or removal) (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) 7-2-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48
(c) City or town Kansas City, 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3310 Harrison, 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29
year 1945 hour 8:30 minute P. M.

21. I hereby certify that I attended the deceased from Jan 1, 1944 to June 29, 1945
that I last saw him alive on June 29, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration 2 year
Duration

Due to 63 yr

Other conditions Nephritis & goitre epophthalmos

Major findings: Of operations PHYSICIAN

Of autopsy 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) Means of injury _____

23. Signature James M. ... (M. D. or other)
Address 318 Argyle Bldg Date signed 6-30-45

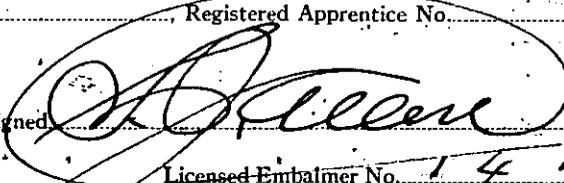
Dr. Graham
1-30
Angeles
Blady

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 _____

working under my personal supervision.

Registered Apprentice No. _____

Signed  _____

Licensed Embalmer No. 1415

P. O. Address 1900 _____

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.