

FILED NOV 26 1945

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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 Lakeside Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days
(Specify whether years, months or days) 10 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. 3227 Harrison
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Vivand Mrs Irma

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 15 year 45 hour 6:42 minute 4 PM
21. I hereby certify that I attended the deceased from 11-11-1945 to 11-15-1945 that I last saw him alive on 11-15-1945 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced divorced
6. (b) Name of husband or wife Roger Vivand 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased June 17 1902
(Month) (Day) (Year)

Immediate cause of death Chronic myocardial failure of hemorrhage due to malignancy of urinary bladder
Duration _____
Due to _____
Due to _____

8. AGE: Years 43 Months 4 Days 18 If less than one day hr. _____ min. _____

Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 52b

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation at home

Physician _____
Underline the cause to which death should be charged statistically.
Of operations _____
Of autopsy _____

11. Industry or business _____
12. Name Nightree John Henry
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Millean Nellie Florence
15. Birthplace Kansas (City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Mrs. Lollie Cherna
(b) Address 3227 Harrison, K.C. Mo.
17. (a) Removal (b) Date thereof 11-15-45
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Jameson MO

While at work? _____ (Specify type of place) (Specify type of injury)
23. Signature M L Fletcher (M.D. or other) _____
Address 1103 E 47th K.C. Mo Date signed 11-15-45

18. (a) Signature of funeral director Steve McClure
(b) Address 2335 Milliken Ave K.C. Mo.
19. (a) 11-16-45 (b) Geraldine Palmer
(Date received local registrar) (Registrar's signature)

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

8
3
8

OCT 8 1945

DEC 1 1945

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 142 No

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.