

**FILED** JAN 9 1948  
Registration District No. **779**

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:  
**5118 Baltimore Avenue**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **28 Years**  
In this community **28 Years**  
years, months or days (Specify whether)

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. **5118 Baltimore Avenue**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **MR. WILLIAM G. JERREMS**

3. (b) If veteran, name war **No** 3. (c) Social Security No. **None**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Mrs. Anna S. Jerrems** 6. (c) Age of husband or wife if alive **59** years

7. Birth date of deceased **February 5th. 1869**  
(Month) (Day) (Year)

8. AGE: Years **76** Months **10** Days **11** If less than one day hr. min.

9. Birthplace **Sydney Australia**  
(City, town, or country) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Tailor**

12. Name **William G. Jerrems**

13. Birthplace **England**  
(City, town, or country) (State or foreign country)

14. Maiden name **Mary Nicoll**

15. Birthplace **England**  
(City, town, or country) (State or foreign country)

16. (a) Informant **Mrs. Anna S. Jerrems**

(b) Address **5118 Baltimore Avenue**

17. (a) **Cremation** (b) Date thereof **12-18-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Elmwood Cemetery**

18. (a) Signature of funeral director **Freeman Mortuary & Chapel**  
(b) Address **104 West 42nd Street**

19. (a) **12-18-45** (b) **Geraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** Day **16th.**  
year **1945** hour **4** minute **15** P.M.

21. I hereby certify that I attended the deceased from **6-13-45 to 12-16-45**  
that I last saw him alive on **12-16-45**  
and that death occurred on the date and hour stated above.

Immediate cause of death **General carcinoma of prostate gland**  
Due to **Secondary to carcinoma of prostate gland**  
Other condition **Atherosclerosis**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings: Of operations **None**  
Of autopsy **Prostate 518**

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) **no**

(b) Date of occurrence **no**

(c) Where did injury occur? **no**  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **no**

(Specify type of place) While at work **no** (e) Means of injury **no**

23. Signature **G. P. Myica** (M. D. or other)  
Address **100 Argyle** Date signed **12-18-45**

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

MOTHER FATHER

W. P. H. H. H. H. H.  
800 Empire Bldg  
2-5

**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 Walter H. Corwin

Licensed Embalmer No. 4352

P. O. Address Kansas 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.**