

**FILED** JAN 9 1946  
Registration District No. **1002**

Primary Registration District No. **1002**

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

1. PLACE OF DEATH:

(a) County **Jackson**  
(b) City or town **Kansas City**  
(c) Name of hospital or institution: **Mercy Hospital**  
(d) Length of stay: In hospital or institution **1 day**  
In this community **1 day** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Kansas** (b) County **Wyandotte**  
(c) City or town **Kansas City**  
(d) Street No. **612 Sandusky N. C. K 14**  
(e) Citizen of foreign country? **0** (Yes or No) **2**  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Geraldine Peresko**

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

4. Sex **F.** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **single**

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased **July 2 1945**  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
**5 14** hr. min.

9. Birthplace **Kansas City Mo**  
(City, town, or county) (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER, FATHER

12. Name **J. A. Jackson**  
13. Birthplace **Mo**

14. Maiden name **Alan Peresko**  
15. Birthplace **Kansas City Kans**

16. (a) Informant **Alan Peresko**  
(b) Address **612 Sandusky N. C. K**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Dec 18 1945**  
(Month) (Day) (Year)  
(c) Place: burial or cremation **Mt Calvary N. C. K**

18. (a) Signature of funeral director **Bartholomew Bros**  
(b) Address **15 G. W. W.**

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec** day **16** year **1945** hour **3** minute **25 A.M.**

21. I hereby certify that I attended the deceased from **Coroner** 19\_\_\_\_, to \_\_\_\_\_ 19\_\_\_\_; that I last saw him **alive on** \_\_\_\_\_ 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death **Broncho-pneumonia**  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions **107**  
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Major findings: Of operations \_\_\_\_\_  
Of autopsy **no**  
**Hysteria + Impugnatum**

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) (e) Means of injury **3**  
Signature **Geraldine Holmes** (M. D. or other) **Coroner**  
Address **15 G. W. W.** Date signed **12-16-45**

**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..... *Francis Walton* .....

Licensed Embalmer No. *2744* .....

P. O. Address..... *K C 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.**