

FILED JAN 29 1946

Primary Registration District No. 1002

Registrar's No. 5419

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:
5705 McGee Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether
In this community 50 Years
years, months or days)

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. 5705 McGee Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FREDERICK J. DURKER

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. KATHERINE DURKER 6. (c) Age of husband or wife if alive 87 years

7. Birth date of deceased July 26th, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
89 5 3 hr. min.

9. Birthplace Syracuse New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business Cigar Dealer

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Frank Herbst

(b) Address 7236 Ward Parkway

17. (a) Burial (b) Date thereof 12/31/1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington Cemetery
Freeman Mortuary & Chapel

18. (a) Signature of funeral director 104 West 42nd Street

(b) Address 12-29-45 (c) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 29th,
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 28 27
Dec. 1945 to 29 Dec 1945
that I last saw him alive on 29 Dec. 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral
Hemorrhage. Duration 48 hr.

Due to Arterial Sclerosis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 830
Of operations _____
Of autopsy _____

PHYSICIAN
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 _____

23. Signature R. M. Myers (M. D. or other) M.D.
Address 1025 North 1st St Date signed 29 Dec 45

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

100268

MOTHER FATHER

*Photo Copy
one more 2010*

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. Erwin

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.