

FILED FEB 11 1946
Registration District No. 129

Primary Registration District No. 1002

Registrar's No. 449

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

1. PLACE OF DEATH: Jackson
 (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: Peace of 209 Bridge Ave
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution. _____ (Specify whether
 In this community _____ years, months or days) unknown

3. (a) PRINT FULL NAME: Armond W Hawk
 3. (b) If veteran, name war: None
 3. (c) Social Security No: 2-11-1111

4. Sex: M
 5. Color or race: W
 6. (a) Single, widowed, married, divorced, separated: married
 6. (b) Name of husband or wife: unknown
 6. (c) Age of husband or wife if alive: unknown years
 7. Birth date of deceased: 1-8-54 (Month) (Day) (Year)

8. AGE: 56 Years Months Days If less than one day hr. min.

9. Birthplace: DO not know (City, town, or county) (State or foreign country): 9

10. Usual occupation: unknown

11. Industry or business: _____

MOTHER FATHER

12. Name: DO
 13. Birthplace: (City, town, or county) (State or foreign country): 0
 14. Maiden name: (City, town, or county) (State or foreign country): 0
 15. Birthplace: (City, town, or county) (State or foreign country): 0

16. (a) Informant: Armond W Hawk
 (b) Address: 12 City St

17. (a) Burial, cremation or removal: Reinterred
 (b) Date thereof: Feb 28-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Abilene
 18. (a) Signature of funeral director: O. Assentio
 (b) Address: 115 City St

19. (a) 1-28-46 (Date received local registrar)
 (b) Geraldine Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State: MO (b) County: Jackson
 (c) City or town: Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No.: unknown (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country: _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Jan day: 26 year: 1946 hour: 7 minute: 4 M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____ that I last saw him _____ alive on _____ and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary thrombosis
 Due to: atherosclerosis

Due to: _____

Other conditions: (Include pregnancy within 3 months of death) 940

Major findings: Of operations: _____ Of autopsy: History & Inspection
 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? _____

(Specify type of place) While at work? _____ (e) Means of injury: 2 Down

23. Signature: James Walker (M. D. or other) _____ Address: 1124 W. Main Date signed: 1-26-46

JAN 29 1948

FEB 18 1948

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 J. S. 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.