

FILED FEB 7 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 377

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 hrs. 25 mins.
(Specify whether years, months or days) unknown

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. 548 Main
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bert Herbert

3. (b) If veteran, name war Do not know 3. (c) Social Security No. None

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

6. (b) Name of husband or wife unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 1865
(Month) (Day) (Year)

8. AGE: 80 Years Months Days If less than one day hr. min.

9. Birthplace Donat known
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business _____

12. Name Donat known

13. Birthplace Donat known
(City, town, or county) (State or foreign country)

14. Maiden name None
15. Birthplace Donat known
(City, town, or county) (State or foreign country)

16. (a) Informant Father, Mrs. Dorinda

(b) Address 534 Main St

17. (a) Buried (b) Date thereof Jan 14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation mt Calvary 12th

18. (a) Signature of funeral director Percy ...
(b) Address 125 ...

19. (a) 1-23-46 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 18
year 1946 hour 1 minute 15 A.M.

21. I hereby certify that I attended the deceased from Jan. 17, 1946 to Jan. 18, 1946;
that I last saw him alive on Jan. 18, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumococcic meningitis

Due to _____

Due to _____

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

PHYSICIAN

Major findings: _____
Of operations: _____
Of autopsy: None
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 _____

23. Signature Clark W. Seabright
Address Med. Dir. Gen'l Hosp. Date signed 1-18-46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
1022

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 L. S. Walton

Licensed Embalmer No. 2744

P. O. Address. K C 2nd

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.