

No. 2
-5-43
5-17-39
1 X3667

FILED MAR 17 1946

Registration District No.

Primary Registration District No. 1002

Registrar's No. 1015

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 10 days
In this community 40 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. 5626 E. 29 St.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME

George Post

3. (b) If veteran, name war No

3. (c) Social Security No. unknown

4. Sex male 5. Color or race white
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 June, 26, 1904
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 8 1 hr. min.

9. Birthplace Leon Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Laundry Worker

11. Industry or business Leeds Hospital

12. Name Wm. W. Post

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

14. Maiden name Mary E. Pruitt

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

16. (a) Informant Mrs. Charles W Lewallen

(b) Address R.R. # 5 Kansas City Kansas

17. (a) Removal (b) Date thereof 2/28/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mt. Hope, Kansas City Kansas

18. (a) Signature of funeral director Geo H Long

(b) Address 703 N. 10 St. K.C. Kans

19. (a) 2-28-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 27
year 1946 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Feb. 17, 1946, to Feb. 27, 1946;
that I last saw him alive on Feb. 27, 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death
Uremia with hypertensive heart disease from nephrosclerosis, malignant

Due to.....
Due to.....

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

Major findings:
Of operations..... 131a
Of autopsy See above

Duration
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.....

23. Signature Clark W. Seligson (M.D. or other)
Address Med. Dir. Gen'l Hosp. Date signed 2-28-46

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

E. L. L.

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..... *Louis A. Long*.....

Licensed Embalmer No. *3497*.....

P. O. Address..... *K. C. 15*.....

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.