

**FILED** MAY 4 8 1946

Registration District No. ....

Primary Registration District No. 1000

Registrar's No. 461

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

11234

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town St. Joseph  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution State Hospital # 2  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 mo 13 days  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 11

(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")

(d) Street No. 520 Grand  
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country.....

3. (a) PRINT FULL NAME John Russell York

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex MO 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 May 27 1888  
(Month) (Day) (Year)

8. AGE: Years 57 Months 10 Days 23 If less than one day hr. min.

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

10. Usual occupation dependent

11. Industry or business —

MOTHER, FATHER {

12. Name John Frankline North

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

14. Maiden name Alida Mary North

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

16. (a) Informant Wm Smith

(b) Address 5417 Charlotte Kc Mo

17. (a) REMOVAL (b) Date thereof 4-18-1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Kansas City, Mo.

18. (a) Signature of funeral director Walter Meidshoffer

(b) Address St. Joseph, Mo.

19. (a) April 22, 1946 (b) St. Joseph, Mo.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month april day 17 year 1946 hour 9<sup>20</sup> minute 2 M.

21. I hereby certify that I attended the deceased from april 17, 1946, to april 17, 1946 that I last saw her alive on april 16, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary A B

Duration 1 yr

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 12K

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?.....

(Specify type of place)

While at work? L & Truck (e) Means of injury —

23. Signature L. J. Truck (M. D. optional)

Address State Hospital #2 Date signed 4/22/46

---

---

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 *Albert C. Hammington*  
Licensed Embalmer No. *325-8 Mo*  
P. O. Address *St. Joseph, 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.**