

No. 2
-5-43
5-17-39
I X36671

FILED APR 17 1948

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. **1630**

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

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: 2640 Askew /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether years, months or days)

In this community 53 yrs.

3. (a) PRINT FULL NAME William Ward Euston

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 Hannah G. Euston

6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased August 20 1859
(Month) (Day) (Year)

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

86 7 14 hr. min.

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

10. Usual occupation Retired Salesman

11. Industry or business Red Seal Oil Company

12. Name James Euston

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

14. Maiden name Sarah

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

16. (a) Informant Ernest E. Euston

(b) Address 5923 Locust St.

17. (a) Burial (b) Date thereof 4-6-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 E. Linwood Blvd.

19. (a) 4-6-46 M. Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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. 2640 Askew
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 4
year 1946 hour 3 minute 20 P.M.

21. I hereby certify that I attended the deceased from March 27 1946 to April 3 1946
that I last saw him alive on April 3 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma intestines Duration 3 mo.

Due to Real Senility

Due to _____

Other conditions 4.6.2
(Include pregnancy within 3 months of death)

Major findings: 4.6.2

Of operations _____

Of autopsy _____

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? _____

While at work _____

23. Signature David B. Robinson (M. D. or other)

Address 9280 Prof. Bldg. M. C. H. Date signed _____

12:30 pm
Prof. Bell - Ha. 4479

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.....

Russell N France

Licensed Embalmer No. 4255

P. O. Address. R. 1 Co 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.