

FILED MAY 20 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2129

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: Osteopathic Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution About 2 weeks
(Specify whether
In this community 18 years
years, months or days)

3. (a) PRINT FULL NAME James H. Drew

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 Carrie May Drew
6. (c) Age of husband or wife if alive 23 years
7. Birth date of deceased April 30 1897
(Month) (Day) (Year)

8. AGE: Years 49 Months 0 Days 27
If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business X

MOTHER FATHER {
12. Name William Drew
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Martha Viers
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Carrie May Drew

(b) Address 914 Fuller, Kansas City, Mo.

17. (a) removal (b) Date thereof 5-7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salisbury, Missouri

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 5-11-46 (b) Gertrude 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. 914 Fuller
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7
year 1946 hour 11 minute A. M.

21. I hereby certify that I attended the deceased from May 1, 1946 to May 7, 1946
that I last saw him alive on May 7, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic pneumonia (lobar)
Due to Carcinoma of stomach
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 lb
Of autopsy _____

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 A. J. M. Magley (M. D. or other) MD
Address Bryant Bldg. K. C., Mo. Date signed 5-8-46

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

15557

11th + Harrison

FEB 13 1927

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address 15 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.