

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:
1210 Collins
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether 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. 1210 Collins
(If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME LEE FERRY Netherton
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month May day 26
 year 1946 hour 7 minute 15 a.m.

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 May 26, 1946
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 26, 1946 to May 26, 1946
 that I last saw him alive on May 26, 1946
 and that death occurred on the date and hour stated above.
 Immediate cause of death Cerebral Duration _____

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

Due to Undetermined
 Due to _____

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

Other conditions (Include pregnancy within 3 months of death) 15⁹

10. Usual occupation infant

Major findings:
 Of operations _____
 Of autopsy _____

PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER

11. Industry or business _____
 12. Name Robert Netherton
 13. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)
 14. Maiden name Maxine Lee Munn
 15. Birthplace Kansas City Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Robert Netherton
 (b) Address 1210 Collins
 17. (a) burial (b) Date thereof 5-27-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hills

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? _____

18. (a) Signature of funeral director John P. Sheil
 (b) Address Kansas City, Mo.

While at work? _____ (Specify type of place)
 (e) Means of injury 0
 23. Signature M. D. (M. D. or other)
 Address 1909 Walden Date signed 5/28/46

19. (a) 5-29-46 (b) Suzaldine Holmes
(Date received local registrar) (Registrar's signature)

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.....

Licensed Embalmer No.....

P. O. Address.....

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.