

FILED JUN 20 1946

Registration District No.

Primary Registration District No.

1002

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:
2108 CLEVELAND AVENUE
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 YEARS
years, months or days

3. (a) PRINT FULL NAME MR. HENRY JAY FOTH

3. (b) If veteran, No No name war. 3. (c) Social Security No. 500-12-2254

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife MRS. RUTH FOTH 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased MARCH 25 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
60 2 12 hr. min.

9. Birthplace MARION COUNTY KANSAS
(City, town, or county) (State or foreign country)

10. Usual occupation SHEET METAL SMITH

11. Industry or business COMMONWEALTH AIRCRAFT

12. Name GIRARD FOTH

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

14. Maiden name ANNA JANTZ

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

16. (a) Informant MRS. RUTH FOTH

(b) Address 2108 CLEVELAND AVENUE

17. (a) BURIAL (b) Date thereof JUNE 8-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation FLORIAN PARKS CEMETERY

18. (a) Signature of funeral director W. J. Newcomer
(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-8-46 (b) E. Geraldine Holman
(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. 2108 CLEVELAND AVENUE
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 6 TH
year 1946 hour 9 minute 30 P. M.

21. I hereby certify that I attended the deceased from June 10, 1946 to June 6, 1946
that I last saw him alive on June 6, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of Stomach

Due to _____
Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 468

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?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature G. C. Penley (Date signed) 6/7/46
Address 832 Argyle Blvd

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8320 ypa 1200g
11-4

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 Melvin Miller
Licensed Embalmer No. 4407
P. O. Address Kansas City, 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.