

FILED DEC 24 1946

State File No. \_\_\_\_\_

5188

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

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:  
2317 Swope Parkway 2  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
in this community 73 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5314 Forest Ave.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME George J. Biehl

3. (b) If veteran, No name war \_\_\_\_\_  
3. (c) Social Security none No. \_\_\_\_\_

4. Sex Maled 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Mary Biehl 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 23, 1873  
(Month) (Day) (Year)

8. AGE: Years 73 Months 2 Days 14  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Custodian-St. Mary's Church

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name No record  
13. Birthplace No record  
14. Maiden name No record  
15. Birthplace No record

16. (a) Informant Mrs Birdie Hassel

(b) Address 5314 Forest Ave.

17. (a) Burial (b) Date thereof Dec. 10, 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Thomas E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 12-10-46 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 7th  
year 1946 hour 6.35 P.M. minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
to \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Crushed Right Chest +  
Crushed Right Leg -  
Due to Multiple head lumps +  
lacerations  
Due to street car trauma

Other conditions street car + pedestrian  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy no  
History & Impression

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) accident 12 3  
(b) Date of occurrence 12-7-46  
(c) Where did injury occur? HC Jackson Mo  
(City) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public place

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury Street Car Trauma

23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address 1424 prof. Rd Date signed 12-10-46

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

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 *Thomas E. Jewick*

Licensed Embalmer No. *3775*

P. O. Address *K. E. Me*

**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.**