

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:
3644 Walnut
(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 65 years
(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. 1800 E. Linwood Boulevard
(If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Oliver H. EYLAR

3. (b) If veteran, name war Spanish American 3. (c) Social Security No. 494-30-6624

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 January 2, 1879
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>67</u>	<u>11</u>	<u>14</u>	hr. _____ min.

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

10. Usual occupation Funeral Director

11. Industry or business Funeral Home

MOTHER FATHER { 12. Name Oliver Hazard Eylar
 { 13. Birthplace West Union, Ohio
(City, town, or county) (State or foreign country)
 { 14. Maiden name Elma Bunn
 { 15. Birthplace Terre Haute, Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Cook
 (b) Address Oklahoma City, Oklahoma
 17. (a) Burial (b) Date thereof 12-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Melody-McGilley-Eylar
 (b) Address Kansas City, Missouri

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 16 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 11/11 to 12/16, 1946
 that I last saw him alive on 12/16 and that death occurred on the date and hour stated above.

Immediate cause of death
Arterio Sclerosis
Chronic Diabetes
 Due to _____
Excess Sugars

Other conditions: _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 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?

23. Signature Sheldine Holmes (M. D. or other) _____
 While at work _____ (Specify type of place) _____
 Address 6-8-11 St. Date signed 12/19-46

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

Dr. Paul in
Walsham Bldg.
after 1:30 P.M.

JAN 23 1947

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 *Blw E. Heck*

Licensed Embalmer No. *4063*

P. O. Address *Kansas City,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.