

No. 2
12-45
5-17-39
X47070

FILED FEB 24 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 654

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:
214 Brush Creek Boulevard, 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution NO. (Specify whether)

In this community 10 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 214 Brush Creek Blvd., 80
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country X

3. (a) PRINT FULL NAME George H. Detlor

3. (b) If veteran, name war no.

3. (c) Social Security No. 350-10-6908

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 11
year 1947 hour 1:00 minute P. M.

4. Sex male 0 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Florence K. Detlor

6. (c) Age of husband or wife if alive 62 years

7. Birth date of deceased February 29 1876
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 2-9-47 to 2-11-47
that I last saw him alive on 2-11-47
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days 72 If less than one day
70 11 18 hr. min.

Immediate cause of death Cerebral Hemorrhage
Due to Hypertension & Vascular

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

Other conditions (include pregnancy within 3 months of death)
836

10. Usual occupation Office Manager

11. Industry or business Mid-West Htg. & Plbg. Co.

Major findings: Of operations 836

Of autopsy _____

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

12. Name Byard

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

14. Maiden name Ella Bowman

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

16. (a) Informant Mrs. Florence K. Detlor,

(b) Address 214 Brush Creek Blvd., K. C., Mo.

17. (a) removal (b) Date thereof 2-12-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Webster City, Iowa.

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

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

19. (a) 2-12-47 (b) Geraldine Holman
(Date received local registrar) (Registrar's signature)

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) (c) Means of injury _____

23. Signature Dr. Beach (M. D. or other)
Address 924 North Valley Date signed 2/12-47

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

MOTHER FATHER

Dr. Donald R. Black

1 PM

*Thompson
Bundy*

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.....

J. Clair Suggs

Licensed Embalmer No. *4179*

P. O. Address *K.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.