

Registration District No. **149**

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: **2700 Tracy 4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 days**
(Specify whether years, months or days)
In this community **5 years**

3. (a) PRINT FULL NAME **MICHIAL ISHMAEL**

3. (b) If veteran, name war **No**
3. (c) Social Security No. **None**

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

6. (b) Name of husband or wife **UNKNOWN Deceased**
6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **October 5 1870**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **23**
If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

11. Industry or business **Farm**

MOTHER FATHER

12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Wayne Ishmael**

(b) Address **3301 Agnes K. C. Mo**

17. (a) **Burial** (b) Date thereof **Mar 31, 1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laredo, Missouri**

18. (a) Signature of funeral director **Robertson Funeral Home**

(b) Address **Laredo, Missouri**

19. (a) **3-29-47** (b) **Geraldine Holmes**
(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. **2425 College**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **X**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **3** day **28**
year **47** hour **2:45** minute **10** M.

21. I hereby certify that I attended the deceased from **8-1**
1947 to **First of March**
that I last saw him alive on **3-27-47**
and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary Arteriosclerosis Heart Disease
Due to **Chronic Arteriosclerosis**
Duration **3 yrs**

Other conditions
(Include pregnancy within 3 months of death)

Major findings: Of operations **9/3/47**
Of autopsy **See above**
PHYSICIAN
Underline the cause to which death should be charged statistically.

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 **Leo M. Muller** (M. D. or other)
Address **3549 Indiana** Date signed **3-28-47**

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 Chas E. Welser
Licensed Embalmer No. 2644
P. O. Address ICMO

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.