

FILED APR 14 1947

State File No. _____

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1531

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:
3342 Elmwood Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution... none (Specify whether
In this community... 50 years
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... 3342 Elmwood
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country...

3. (a) PRINT FULL NAME JESSE S. PAINTER

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... married
6. (b) Name of husband or wife... Cora Painter 6. (c) Age of husband or wife if alive... 73 years
7. Birth date of deceased... June 27, 1866
(Month) (Day) (Year)

8. AGE: Years 80 Months 9 Days 4 If less than one day
hr. min.

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

10. Usual occupation... Retired farmer

11. Industry or business... own

12. Name... Daniel Painter
13. Birthplace... Tenn.
(City, town, or county) (State or foreign country)
14. Maiden name... Manerva Bittner
15. Birthplace... Tenn.
(City, town, or county) (State or foreign country)

16. (a) Informant... Mrs. Cora Painter
(b) Address... 3342 Elmwood, K.C., Mo.
17. (a) Burial (b) Date thereof 4-3-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation... Green Lawn Cemetery

18. (a) Signature of funeral director... Melody McGilley-Eylar

(b) Address... Kansas City, Mo.

19. (a) 4-2-47 (b) Sheraldine Holman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 1
year 1947 hour 2 minute P. M.

21. I hereby certify that I attended the deceased from Mar 31
1947, to April 1, 1947
that I last saw him alive on April 1, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death...
Hypostatic Pneumonia 4 days
Arterio Sclerotic Heart Disease 10 yrs
Due to Age of 18 yrs 10 yrs
Epilepsy Present 25 yrs

Other conditions
(include pregnancy within 3 months of death)

Major findings:
Of operations... not done 9/3/47
Of autopsy... not done

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(c) 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... 0

23. Signature... Laughlin (M. D. or other) _____
Address... 1123 Date signed 4-2-47

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

MOTHER FATHER

Dr. J. A. Cheever

Va. 6272

No. 4193

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.....
.....
Licensed Embalmer No. 2009
P. O. Address.....
KC

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.