

FILED APR 1 1947
 1947

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1220

1. PLACE OF DEATH:
 (a) County Jacks on
 (b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Union Station 3
(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 50 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jacks on 4/8
 (c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
 (d) Street No. 827 East 12th Street 8
(If rural, give location) 0
 (e) Citizen of foreign country? no. (Yes or No)
 If yes, name country X

3. (a) PRINT FULL NAME Dr. Harry F. Settle
 3. (b) If veteran, name war no. 3. (c) Social Security No. No.

4. Sex male 0 5. Color or race white 6. (a) Single, widowed, married, divorced married
 6. (b) Name of husband or wife Mrs. Lois Settle 6. (c) Age of husband or wife if alive 39 years
 7. Birth date of deceased April 6 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>63</u>	<u>11</u>	<u>9</u>	hr. min.

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

10. Usual occupation Physician

11. Industry or business X

MOTHER FATHER { 12. Name James Settle
 13. Birthplace unknown, 9
(City, town, or county) (State or foreign country)
 14. Maiden name Lucille Ruggles
 15. Birthplace unknown, 9
(City, town, or county) (State or foreign country)
 16. (a) Informant Mrs. Lois Settle

(b) Address 827 E. 12th St., Kansas City, Mo.

17. (a) removal (b) Date thereof 3-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Branson, Mo.

18. (a) Signature of funeral director Stine & McClure
 (b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-17-47 (b) Waldine Holme
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15
 year 1947 hour 8:15 minute P. M.

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

Immediate cause of death Coronary Insufficiency

Due to return unknown

Due to _____

Other conditions a5c
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy no
Hunting & Inspection

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 3

23. Signature James Settle (M. D. or other) 3
 Address 827 E. 12th St. Date signed 3-17-47

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

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

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Ke 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.