

S. No. 2
DOM-5-43
ev. 5-17-39
I X36671

FILED JUN 30 1947

Registration District No. 197

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:
Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 1/2 Hours
30 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME JESSE MYRON AULD, SR.

3. (b) If veteran, name war No

3. (c) Social Security No. 496-10-8220

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Nettie Aileen Auld

6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased July 16th 1882
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64	10	28	hr. min.
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9. Birthplace Atwood Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Sales Promotion

11. Industry or business Schools & Insurance

MOTHER FATHER

12. Name Issac Alexander Auld

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

14. Maiden name Celia Ann Dwyer

15. Birthplace La Fayette Indiana
(City, town, or county) (State or foreign country)

16. (a) Informant Dr. J. Myron Auld, Jr.

(b) Address 3329 Benton Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-16-1947
(Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 6-16-47 (Date received local registrar)

(b) Sheraldine Holmes (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. 3329 Benton Blvd.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14th.
year 1947 hour 12:10 minute 0 M.

21. I hereby certify that I attended the deceased from 10:30 pm
6-13, 1947, to 12 am 6-14, 1947
that I last saw him alive on 6-14, 1947,
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial infarction

Due to Essential Hypertension

Due to _____

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

Major findings: 942

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? _____

While at work? _____ (Specify type of place)

(c) Means of injury 2

23. Signature Paul W. Stettin (M.D. or other) 100

Address 1202 Commercial Bldg Date signed 6-14-47

Duration 2 1/2 hrs

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.