

S. No. 2
DM-5-43
v. 5-17-39
I X36671

FILED JUL 14 1947
149

Registration District No. _____ 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 Jackson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Marys Hosp - 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 days
(Specify whether)

In this community 2 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Johnson

(c) City or town Mission 14
(If outside city or town limits, write "RURAL")

(d) Street No. 4360 W 53 rd - 0
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN MARTIN BECHTEL

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30 year 1947 hour 1:10 minute 0 P. M.

21. I hereby certify that I attended the deceased from June 13, 1947, 19 to June 30, 1947, 19; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White

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

6. (c) Age of husband or wife if alive 77 years

Name of husband or wife Jennie Alice

Birth date of deceased: May 27 1869
(Month) (Day) (Year)

Immediate cause of death (HEFT)
THROMBOSIS OF CORONARY ARTERY
WITH MYOCARDIAL INFARCTION

Duration _____

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>1</u>	<u>3</u>	hr. _____ min. _____

Due to _____

Due to _____

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

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

10. Usual occupation Engineer - Railroad

Major findings: 17a

Of operations _____

Of autopsy MYOCARDIAL INFARCTION
GASTRIC ULCER

11. Industry or business City of Jopoka

12. Name John Bechtel

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

14. Maiden name Marie Knowlton

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

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

(a) Accident, suicide, or homicide (specify) _____

Date of occurrence _____

Where did injury occur? _____
(City or town) (County) (State)

Did injury occur in or about home, on farm, in industrial place, in public place? _____

16. (a) Informant Marie R Bechtel

(b) Address 4109 Walnut KE MO

17. (a) Removed (b) Date thereof July 1 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Permit Cem - Jopoka, Kansas

18. (a) Signature of funeral director Russell - Cairo Mission Kan
(Specify type of place)

(b) Address 4440 W 59 - Mission
(City or town) (County) (State)

19. (a) 7-1-47 (b) Sheraldine Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Arthur S. Caw Jr (M. D. or other) _____

Address 587 Prof. Bldg Date signed 7-1-47

*William Cain
prop Bldg*

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 *Wesley H Bradford*
Licensed Embalmer No. *4370*
P. O. Address *Mission Kansas*

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.