

FILED OCT 16 1947

Registration District No. 150

Primary Registration District No. 4239

Registrar's No. 165

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Lee's Summit  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
617 Miller Street  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 23 yrs  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Lee's Summit  
(If outside city or town limits, write "RURAL")  
(d) Street No. 617 Miller St  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

John P. Metcalfe

3. (b) If veteran, name war No 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mable Metcalfe 6. (c) Age of husband or wife if alive 73 years  
7. Birth date of deceased 7 Nov 15 1871  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 21 If less than one day  
hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Retired

11. Industry or business Insurance

12. Name Robert P. Melcalfe  
13. Birthplace Ny  
(City, town, or county) (State or foreign country)  
14. Maiden name Elizabeth Cotton  
15. Birthplace Lexington Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mable Metcalfe

(b) Address Lee's Summit Mo

17. (a) Burial (b) Date thereof 10-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn Mo

18. (a) Signature of funeral director N.B. Langford

(b) Address Lee's Summit Mo

19. (a) 10-7-47 (b) Donald C. Carlsberg  
(Date received local registrar) (Registrar's signature) 370

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 6  
year 1947 hour 8 minute 50 A.M.

21. I hereby certify that I attended the deceased from  
Jan 1, 1947 to Oct 6, 1947  
that I last saw him alive on Oct 6, 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Pulmonary Tuberculosis  
Duration 29 yrs

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy, within 3 months of death) \_\_\_\_\_

Major findings: Of operations h/o  
Of autopsy \_\_\_\_\_  
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?

23. Signature Phyllis J. Jolley (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (a) Means of injury \_\_\_\_\_  
Address Lee's Summit Mo (M. D. or other) \_\_\_\_\_  
Date signed 10-7-47

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

10-1-47

10-1-47

**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.....

.....  
working under my personal supervision.

..... Registered Apprentice No.....

Signed *N. B. Langford*.....

Licensed Embalmer No. *3833*.....

P. O. Address *Lees Summit, 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.**