

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: **K.C. Gen. Hosp. No. 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **2 mos. & 2 ds**
2 Months 2 days
In this community _____
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. **2728 Jarboe**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Claude C. Preston**

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 **Divorced**
6. (b) Name of husband or wife **Virginia Preston**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **2 21 1913**
(Month) (Day) (Year)

8. AGE: Years **34** Months **9** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Kansas City, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Truck Driver**

11. Industry or business _____

12. Name **Charles Preston**

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

14. Maiden name **Sophia Odell**

15. Birthplace **No Record**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Alta Roberta Brown**

(b) Address **802 East 12th. Street**

17. (a) **Burial** (b) Date thereof **12-13-1947**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. St. Marys**

18. (a) Signature of funeral director **Mrs. C.L. Forster**

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

19. (a) **12-12-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **10th**
year **1947** hour **2** minute **30** P. M.

21. I hereby certify that I attended the deceased from **10-8-47** to **12-10-47**
that I last saw him alive on **12-10-47** and that death occurred on the date and hour stated above.

Immediate cause of death **Cirrhosis of liver**

Due to _____

Due to _____

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

Major findings: Of operations _____

Of autopsy **None**

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? _____ (Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature **W. W. ...** M. D. or other _____

Address **Med. Dir. K.C. Gen. Hosp. K.C. Mo.** Date signed _____

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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.....

Jerry A. Minson..... Registered Apprentice No. *437*
working under my personal supervision.

Signed.....

Joe B. Yoder
Licensed Embalmer No. *4173*

P. O. Address..... *918 Brooklyn*

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.

KC. Mo.