

FILED DEC 31 1947

Registration District No. _____

Primary Registration District No. 5572

Registrar's No. 218

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Rural Prairie
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jackson County Emg. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 Days
In this community 50 years (Specify whether 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. 37th & Booth
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Bernie Charles N Bemis

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

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced 1

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 9th 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 5 Days 7 If less than one day hr. _____ min. _____

9. Birthplace Albany New York
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Cabinet maker

11. Industry or business Self

12. Name Unknown

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

14. Maiden name _____

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

16. (a) Informant C. W. Haley

(b) Address 2425 Bryant Park, Fla

17. (a) Removal (b) Date thereof 12-18-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cem

18. (a) Signature of funeral director H. Blackman

(b) Address 2823 Independence Ave, Kansas City, Mo

19. (a) DECEMBER 17, 1947 (b) Donald C. Samuels
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 16th
year 1947 hour 4 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12-5-47 to 12-16-47

that I last saw him alive on 12-16-47 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute cardiac decompensation / Hypertensive heart disease

Other conditions: Epilepsy Secondary anemia

Major findings: 9/17/47

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) (e) Means of injury Stroke
Address Ph. 4, Indep, Mo Date signed 12/17/47

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

MOTHER FATHER

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 *OK McFarland*.....

Licensed Embalmer No. *4397*.....

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.