

FILED MAR 1 1948
Registration District No. 19849

Primary Registration District No. 1002

WRITE PLAINLY—USING 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: St. Joseph Hosp?
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 weeks
(Specify whether)

In this community 4 years
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

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

(d) Street No. 1111 Bush Creek
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Presley P. Suggett

(b) If veteran, name war World War II

3. (c) Social Security No. 519-14-1033

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16 year 1948 hour 6 minute 55 A.M.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Minnie

6. (c) Age of husband or wife if alive 33 years

7. Birth date of deceased: June 23 1899
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 16 1948 to Feb 16 1948
that I last saw him alive on Feb 16 1948
and that death occurred on the date and hour stated above.

Duration _____

8. AGE:

Years	Months	Days	If less than one day
<u>48</u>	<u>7</u>	<u>23</u>	hr. _____ min _____

Immediate cause of death: Septicemia, meningitis, acute & hemorrhagic, generalized

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 942

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

10. Usual occupation R. R. Express truck

11. Industry or business Lawyer

12. Name Seland W. Suggett

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

14. Maiden name Minnie Stralder

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

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy Septicemia meningitis acute & generalized hemorrhagic

Underline the cause of which death should be charged statistically.

16. (a) Informant Mrs. Minnie Suggett

(b) Address 1111 Bush Creek

17. (a) Burial (b) Date thereof 2-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blackburn Mo

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)

18. (a) Signature of funeral director C. G. Meiner, Esq.

(b) Address Highway 111, Moberly, Mo.

19. (a) 2-16-48 (b) Clara Edine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury _____

23. Signature Slavin Wilson (M. D. or other) M.D.

Address U. Kansas Med. Ctr., UCKan Date signed 2/16/48

APR 2 1948

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.