

FILED JUN 7 1948

Registration District No. 149

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 Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 425 March 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 20 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7425 Washington 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME JUNE SEE OLIVER  
(b) If veteran, name war None  
(c) Social Security No. 493-22-6180

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month May day 27th  
year 1948 hour 01 minute 30 P.M.

4. Sex Female / 5. Color or race White  
6. (a) Single, widowed, married, divorced married  
(b) Name of husband or wife Alick Oliver  
(c) Age of husband or wife if alive 66 years  
7. Birth date of deceased February 17 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec. 11, 1942 to May 26, 1948  
that I last saw her alive on May 2/3, 1948  
and that death occurred on the date and hour stated above  
Immediate cause of death Heart block 1wk.

8. AGE: Years 58 Months 3 Days 10  
If less than one day  
hr. \_\_\_\_\_ min.

Due to Coronary occlusion 1wk.  
Due to \_\_\_\_\_

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

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

10. Usual occupation Clerk  
11. Industry or business Parkview Drugstore

Major findings: Of operations None 742  
Of autopsy None  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

12. Name Martin Stewart  
13. Birthplace Montgomery Cty Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Cassa Weeks  
15. Birthplace Montgomery Cty Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Alick Oliver  
(b) Address 7425 Washington, K.C. Mo  
17. (a) Burial (b) Date thereof 5-29-48  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Floral Hills

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? \_\_\_\_\_

18. (a) Signature of funeral director France Wornall  
(b) Address 7406 Wornall Rd, K.C. Mo  
19. (a) 5-28-48 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work \_\_\_\_\_ (Specify type of place)  
Means of injury do  
23. Signature Des. F. Clark (M.D. or other) WV  
Address 708 1/2 W. 75 St Date signed 5-20-48

**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.....

C. Dean Cole

, Registered Apprentice No. 408

working under my personal supervision.

Signed

Russell N. France

Licensed Embalmer No.

4255

P. O. Address

H. C. 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.**