

FILED JUN 19 1948

Registration District No. **149**

Primary Registration District No. **1002**

Registrar's No. **2443**

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:
St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community **40 years**
years, months or days)

3. (a) PRINT FULL NAME **William R. SORK**

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 **married**

6. (b) Name of husband or wife **Ida M. Sork** 6. (c) Age of husband or wife if alive **61** years

7. Birth date of deceased **September 25, 1881**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 8 14 hr. min.

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

10. Usual occupation **Barber**

11. Industry or business **Self**

12. Name **John Sork**

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

14. Maiden name **Mary**

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

16. (a) Informant **Mrs. Ida M. Sork**

(b) Address **3231 Lexington, K. C., Mo.**

17. (a) **Burial** (b) Date thereof **6-12-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral home **Melody-McGilley-Eylar**

(b) Address **Kansas City, Missouri**

19. (a) **6-10-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **3231 Lexington**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **9**
year **1948** hour **11** minute **05 A.M.**

21. I hereby certify that I attended the deceased from **June 5,**
1948 to **June 9, 1948;**
that I last saw him alive on **June 9, 1948;**
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocardial Infarction
Posterior Coronary
occlusion

Due to
Due to
Other conditions **None**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **None**
Of autopsy **The Above**

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
23. Signature **Paul A. D. Johnson** (M. D. or other)
Address **3011 A. Independence Ave** Date signed **6/10/48**

Duration
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.....

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.