

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

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: 3335 Forest
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution XX
In this community 60 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. 3335 Forest
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3: (a) PRINT FULL NAME ARTHUR LEWIS JOERGENS

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Ma 5. Color or race Wh

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

6. (b) Name of husband or wife Adele Joergens

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

7. Birth date of deceased June 8 1884
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

64 1 2 hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Plumber

11. Industry or business Joergens Bros.

12. Name Clemens Joergens

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

14. Maiden name Paula Nolda

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

16. (a) Informant Oscar Joergens

(b) Address 5307 Forest

17. (a) Burial (b) Date thereof 7-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. St. Mary's

18. (a) Signature of funeral director J. Wagner

(b) Address Kansas City, Mo.

19. (a) 7-14-48 Pauline Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 10 (Found)
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death General Injury of Head

Due to Laceration of Throat

Other conditions (Include pregnancy within 3 months of death) Reptily Coroner

Major findings: Of operations _____

Of autopsy History + Inspection

22. If death was due to external causes, fill in the following

(a) Accident, suicide, or homicide (specify) Struck

(b) Date of occurrence 7-10-48

(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, or public place?
While at work No (Specify type of place) _____
Means of injury Automobile

23. Signature A. E. Warren (M. D. or other) Mo
Address 2800 Main Date 7/13/48

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed *Alvin R. Haunsche*

Licensed Embalmer No. *4159*

P. O. Address *Kansas City*

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.