

FILED SEP 13 1948
49

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3537

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:
715 East 62nd St.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community 61 years
(Specify whether years, months or days)

3: (a) PRINT FULL NAME David Joseph Cody

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 Mrs Elizabeth G Cody

6. (c) Age of husband or wife if alive 62 yrs

7. Birth date of deceased June 19 1886
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>61</u>	<u>2</u>	<u>10</u>	hr. min.

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

10. Usual occupation Owner

11. Industry or business Cody Boiler and Repair Co

MOTHER {

12. Name Joseph Cody 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Margaret Fleming

15. Birthplace unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Dave Cody, jr.

(b) Address 2040 McGee St.

17. (a) Burial Mt. Olivet
(Burial, cremation, or removal)

(b) Date thereof August 31, 1948
(Month) (Day) (Year)

18. (a) Signature of funeral director Thos. E. Quirk

(b) Address 4316 Troost Ave.

19. (a) 8-30-48 (Date received local registrar)

(b) Stirling Holmes (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48

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

(d) Street No. 715 East 62nd St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 29th
year 1948 hour 2.30 A.M. minute _____ M.

21. I hereby certify that I attended the deceased from January 48 to Aug 29 48
that I last saw him alive on Aug. 29 48
and that death occurred on the day and hour stated above.

Immediate cause of death: Heart Left Ventricle Failure

Due to Coronary Thrombosis 6 months

Due to Coronary Sclerosis 2 yrs

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

Duration

10 minutes

6 months

2 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings:

Of operations _____

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 _____

23. Signature [Signature] (M. D. or other)

Address KC Mo. Date signed 8/30/48

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

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

Thomas E. Zwick

Licensed Embalmer No.

3775
H. E. M.

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.