

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:  
4407 HARRISON ST 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 14R (Specify whether \_\_\_\_\_)

In this community 29 years  
years, months or days twenty nine years

3. (a) PRINT FULL NAME ALBERT J. COLT

3. (b) If veteran, name war World War I

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  Dorothy H. Colt

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased JUNE 26 1890  
(Month) (Day) (Year)

8. AGE: Years 58 Months 6 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired lawyer

11. Industry or business \_\_\_\_\_

12. Name James H. Colt

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

14. Maiden name Margaret Stetler

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

16. (a) Informant Mrs. A. J. Colt

(b) Address 4407 Harrison

17. (a) Removed (b) Date thereof 12/20/1948  
(Burial, cremation, or removed) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ignace Cem. Madewood Mo.

18. (a) Signature of funeral director C. Davis Undertaking Co.

(b) Address Leavenworth Kansas

19. (a) 12-29-48 (b) Geraldine Tolson  
(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. 4407 Harrison  
(If rural, give location)

(e) Citizen of foreign country? NO (Specify No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28 day December  
year 1948 hour 8:10 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 1946  
\_\_\_\_\_, 19\_\_\_\_, to Dec, 1948  
that I last saw him alive on Dec 23, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion at once

Due to Hypertension heart disease 3 yrs.

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

Major findings: Of operations \_\_\_\_\_

Of autopsy 93R

PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

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 \_\_\_\_\_

Signature Wm R Jackson Wm. R. Jackson  
Address 1107 Bryant Bld. (M. D. or other) \_\_\_\_\_  
Date signed 12/29/48

MAR 8 1949

---

---

**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 Charles E. Smith

Licensed Embalmer No. 1307

P. O. Address Lesneworth Kansas

**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.**