

No. 2
-1/47
-17-39

FILED NOV 24 1947
Registration District No. 149

Primary Registration District No. 1002

State File No. 4770
Registrar's No.

1. PLACE OF DEATH: Jackson

(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: General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: 3 days
(Specify whether)

In this community: 2 weeks
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") 8

(d) Street No.: 634 Spruce
(If rural, give location)

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

If yes, name country: D

3. (a) PRINT FULL NAME: Charles T. Courtney

3. (b) If veteran, name war: No

3. (c) Social Security No.: No

4. Sex: M.F.I.E. 0
race: WHITE

5. Color or race: WHITE

6. (a) Single, widowed, married, divorced: W.D. 2

6. (b) Name of husband or wife: Adra Jean Courtney

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

7. Birth date of deceased: 12 3 1869
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Nov. day: 14
year: 1947 hour: 7 minute: P. M.

21. I hereby certify that I attended the deceased from Nov. 11 1947 to Nov. 14 1947
that I last saw him alive on Nov. 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral vascular accident

Duration

8. AGE: Years: 77 Months: 11 Days: 11
If less than one day: hr. min.

9. Birthplace: Anderson Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: farmer

12. Name: Thomas Courtney

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

14. Maiden name: NO RECORD

15. Birthplace: NO RECORD
(City, town, or county) (State or foreign country)

16. (a) Informant: Thomas A. Courtney
(b) Address: 634 Spruce

17. (a) Burial (b) Date thereof: 11-16-47
(Burial, cremation, or inhumation) (Month) (Day) (Year)

(c) Place: burial or cremation: Claydale

18. (a) Signature of funeral director: John P. Shell
(b) Address: R.C. Mo.

19. (a) 11-15-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

Due to:

Due to:

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

Major findings: Of operations: None

Of autopsy: None

PHYSICIAN

Underline the cause of 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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: [Signature] (M. D. or other) J.M.B.
Address: Med. Dir. Gen'l Hosp. Date signed: 11-15-47

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

MOTHER FATHER

Dr. Gregory

Dean 3

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 _____

J. P. Shel

Licensed Embalmer No. _____

3526

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.