

FILED FEB 26 1940

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson 2
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5415 South Benton
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 61 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Charles Mc Adow 230

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Male 5. Color or race Col 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Elizabeth Mc Adow 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased March ? 1863
(Month) (Day) (Year)

8. AGE: Years 76 Months 10 Days 24 If less than one day hr. _____ min. _____

9. Birthplace Iatan Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None D

11. Industry or business _____

12. Name Moses Fox

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

14. Maiden name American

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

16. (a) Informant's own signature Arthur H. McAdow

(b) Address 1926 Olive

17. (a) burial (b) Date thereof Jan 6-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland
Madison Ave.

18. (a) Signature of funeral director M. M. Brown

(b) Address 1729 Lydia

19. (a) Jan. 6, 1940 (b) _____
(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. 5415 South Benton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1st
year 1940 hour _____ minute 7:20 P. M.

21. I hereby certify that I attended the deceased from 12-30-39
_____, 19____, to 1-1-40, 19____;
that I last saw him alive on 1-1-40, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Myocarditis
Due to Coronary atherosclerosis

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

Major findings: Of operations none
Of autopsy none

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) none
(b) Date of occurrence none
(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?
none
While at work? _____ (Specify type of place) (e) Means of injury none

23. Signature Arthur H. McAdow (M. D. or other)
Address 1605 2A 18th Date signed 1-3-40

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Isaac Jerome Manlove

Licensed Embalmer No.

3994

P. O. Address

1120 E. 23rd St.

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, above space should be left blank.