

Registration District No. 399Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

140

## 1. PLACE OF DEATH:

(a) County Jackson  
 (b) City or town Kansas City 3  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
President Hotel Room 729  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution. ---  
 (Specify whether  
 In this community About 40 Years  
 years, months or days)

## 3. (a) PRINT

FULL NAME Mr. William W. Metcalf

## 8. (b) If veteran,:

name war None

## 3. (c) Social Security

No. None

4. Sex Male  
 5. Color or race White  
 6. (a) Single, widowed, married, divorced Marr.  
 6. (b) Name of husband or wife Mrs. Maude Metcalf  
 6. (c) Age of husband or wife if alive 57 years  
 7. Birth date of deceased June 10 1778  
 (Month) (Day) (Year)

8. AGE:      Years      Months      Days      If less than one day  
                   61            6            28            hr.            min.

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

10. Usual occupation Co-Partner11. Industry or business Fred E. Grant Medical Co.

MOTHER FATHER  
 { 12. Name William Metcalf  
 { 18. Birthplace Unknown  
 { 14. Maiden name Lilysh R.  
 { 15. Birthplace Unknown  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. W. W. Metcalf  
 (b) Address 5841 McGee St.  
 17. (a) Burial (b) Date thereof Jan. 11, 1940  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill  
 18. (a) Signature of funeral director O. W. Newsom's Sons  
 (b) Address 1401 Brush Creek Blvd.  
1-11-40

19. (a) 1-11-40 (b) M. M. Craue  
 (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. 5841 McGee Street  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? --- years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 8th  
 year 1940 hour 5 minute 40 P.M.

21. I hereby certify that I attended the deceased from 1930 to 1930,  
 that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_,  
 and that death occurred on the date and hour stated above.

Immediate cause of death Congestive  
 Duration \_\_\_\_\_

Due to Deep Warts & Elbows  
 Due to 11-8

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

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) Suicide  
 (b) Date of occurrence 1-8-40  
 (c) Where did injury occur? Home  
 (City or town) (County) (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Public  
 (Specify type of place) (a) Means of injury Stovepipe

While at work? \_\_\_\_\_  
 23. Signature W. W. Metcalf (M.D. or other) \_\_\_\_\_  
 Address 5841 McGee St. Date signed \_\_\_\_\_

**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 C. Hervey Quisenberry

Licensed Embalmer No. 4070

P. O. Address K. C. Mo.

**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.**