

1 41951
 CASE INVOLVING BLACK INK—MAKE A PERMANENT RECORD

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.

1. PLACE OF DEATH:
 (a) County Jackson **3**
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4933 Troost Avenue
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 48 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Guy Albert North **630**
 8. (b) If veteran, name war - 8. (c) Social Security No. -

4. Sex Male 5. Color or race White
 6. (a) Name of husband or wife Mrs. Mabel North 6. (c) Age of husband or wife if alive 46 years
 7. Birth date of deceased February 25, 1891
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>10</u>	<u>24</u>	hr. _____ min.

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

10. Usual occupation Auto mechanic

11. Industry or business _____
MOTHER FATHER
 { 12. Name Webster D. North
 13. Birthplace Illinois
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Leona L. Hollingsworth
 15. Birthplace Indiana
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs Mabel North
 (b) Address 4416 Windsor

17. (a) Burial (b) Date thereof Jan. 22, 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Freeman Mortuary
 (b) Address Kansas City Missouri

19. (a) Jan. 19, 1940 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 0
 (a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 4416 Windsor
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 19
 year 1940 hour 3 30 minute A. M.

21. I hereby certify that I attended the deceased from Jan 18, 1940, to Jan 19, 1940
 that I last saw him alive on Jan 19, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death
Coronary occlusion
Coronary disease
 Due to 9:40
 Due to _____

Duration
9 1/2 hrs
6 yrs.

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

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? _____

23. Signature EL Peby (M. D. or other) MD
 Address 300 Argyle Bldg Date signed 1-19-40

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 Elmer C. Medley

Licensed Embalmer No. 3495

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.