

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4708

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kan City Mo
(c) Name of hospital or institution: Rake Side Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether years, months or days)

3. (a) PRINT FULL NAME Arthur D. Warren

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased June 1, 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 9 If less than one day hr. min.

9. Birthplace Boston, Mass (City, town, or county) (State or foreign country)

10. Usual occupation Office Clerk

11. Industry or business Railroad Co.

12. Name Salvaster W. Warren

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

14. Maiden name Angelina Waltz

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

16. (a) Informant Mrs. S. W. Bennett

(b) Address Hall Summit Kan

17. (a) Cremation (b) Date thereof 12/11/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cremation Newberry

18. (a) Signature of funeral director Ray E. Jones Newberry

(b) Address 2315 Sunnyside Blvd

19. (a) 12-10-40 (b) M. M. Grome
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kan City Mo
(If outside city or town limits, write "RURAL.")
(d) Street No. 2912 E 40th
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10
year 1940 hour 1 minute 00 A.M.

21. I hereby certify that I attended the deceased from Dec-7, 1940, to Dec-10, 1940;
that I last saw him alive on at 6 PM Dec 11, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Prostate & Bladder
Prostate - Primary
Due to Hyperplasia 51
Due to Carcinoma

Duration 5 years

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy yes

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 3

23. Signature W. Warren (M. D. or other) _____
Address 714 Chambers St Date signed 12-12-1940

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

MOTHER FATHER

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 _____

Roy E. Snow

Licensed Embalmer No. 2560

P. O. Address _____

2315 Denwood

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.