

FILLED NOV 13 1941

Registration District No. 391

Primary Registration District No. 1002

Registrar's No. 3691

1. PLACE OF DEATH:

(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: K.C.M.S.B. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
in this community 30 years 0
years, months or days)

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. 514 1/2 Main St
(If rural, give location)
(e) Citizen of foreign country? ? (Yes or No)
If yes, name country ?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day Tuesday
year 1941 hour 8 minute 30 M.

21. I hereby certify that I attended the deceased from Sept 20 1941 to Sept 30 1941
that I last saw him alive on Sept 30 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure
Due to Chronic debilitation
Due to Heart or any tuberculosis

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

Duration

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

23. Signature [Signature] (M. D. or other)
Address K.C.M.S.B. Hospital Date signed

3. (a) PRINT FULL NAME Doll daschy JACK

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

4. Sex M 5. Color or race White 6. (a) Single, widowed, married, divorced S D

6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years

7. Birth date of deceased 12 23 1879
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 7
If less than one day hr. 1 min.

9. Birthplace Russia 16
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

12. Name Doll daschy John

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

14. Maiden name Helen ?

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

16. (a) Informant K.C.M.S.B. Hospital

(b) Address Leeds, Missouri

17. (a) Anatomical (b) Date thereof 10-3-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental College

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Main St. Opp. K.C. Mo

19. (a) 10/3/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

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

Mo. 2

048
3
2

MOTHER FATHER

138'

K.C. Mo

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.....

Blaine E. Weichert

Licensed Embalmer No.....

4075

P. O. Address.....

2332 Monte Plac

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.