

FILED FEB 11 1942

170

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. _____

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:
1816 E 27th 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 13 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. 1816 E 27th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME James F Winchester

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

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

6. (b) Name of husband or wife Cora M Winchester 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 9, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 4 3 _____ hr. _____ min.

9. Birthplace Iowa _____
(City, town, or county) (State or foreign country)

10. Usual occupation Paper hanger

11. Industry or business _____

12. Name James Winchester

13. Birthplace New York _____
(City, town, or county) (State or foreign country)

14. Maiden name Alice Reeves

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

16. (a) Informant Cora M Winchester

(b) Address 1816 E 27th

17. (a) Burial (b) Date thereof 1-11-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director. C.H. Blackman & Son, Inc.

(b) Address 2825 Indep Blvd.

19. (a) 1-13-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 12
year 1942 hour 8 minute P.M.

21. I hereby certify that I attended the deceased from Jan 12 1942 to June 1940 1940
that I last saw him on Jan 12 and that death occurred on the 12 and hour stated above.

Immediate cause of death: Chronic myocarditis 5 yrs
Due to: Hypertension 5 yrs

Due to: 93rd
Other conditions (Include pregnancy within months of death) None - 93d

Major findings: Of operations None - 93d
Of autopsy no

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) no
(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 M.B. Caselbolt (M.D. or other) _____
Address 715 Argyle Rd. Kansas City, Mo.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Argyle Bldg.

Dr. M.B. Caselbolt, Ha 3424

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.....

H. Blocker

Licensed Embalmer No. *2274*

P. O. Address.....

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.