

FILED MAY 12 1942

State File No.

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 1616

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 Menorah Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 4 Weeks
 In this community 40 Years (Specify whether 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. 1002 Bales Avenue
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country: -----

3. (a) PRINT FULL NAME Mr. John J. North
 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 Mrs. Cora Lee North
 6. (c) Age of husband or wife if alive 69 years
 7. Birth date of deceased: September 24 1864
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 6 29 hr. min.

9. Birthplace Pinckneyville Illinois
 (City, town, or county) (State or foreign country)

10. Usual occupation Dealer - Retired

11. Industry or business Hay and Grain Business

MOTHER FATHER

12. Name William North
 13. Birthplace Pinckneyville Illinois
 (City, town, or county) (State or foreign country)
 14. Maiden name Nancy Maxwell
 15. Birthplace Pinckneyville Illinois
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Cora Lee North
 (b) Address 1002 Bales Avenue

17. (a) Burial Menorah Hospital (b) Date thereof Apr. 25, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation

18. (a) Signature of funeral director O. W. Peacock
 (b) Address 1401 Brush Creek Blvd.

19. (a) 4-24-42 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23rd
 year 1942 hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from 25th 1942 to April 23 1942
 that I last saw him alive on April 23rd 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Peritonitis Duration 9 days

Due to Intestinal Obstruction caused by carcinoma of ascending colon
 Due to 46E

Other conditions (Include pregnancy within 3 months of death) 46E

Major findings: Of operations Carcinoma of Ascending Colon
 Of autopsy Peritonitis

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)
 Means of injury D

23. Signature Dr. Joseph Estabrook (M. D. or other)
 Address 1219 White Blvd Date signed 4-28-42

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

*W. C. James & Company
1025 Professional Bldg
11-1*

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, fact should be so stated above.