

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution: 2630 Askew /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 37 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO. (b) County Jackson
 (c) City or town Max Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2630 Askew
 (If rural, give location)
 (e) Citizen of foreign country? (Yes or No) 0
 If yes, name country.....

3. (a) PRINT FULL NAME John S. Almond
 3. (b) If veteran, name war No. 3. (c) Social Security No. No.

4. Sex male 5. Color or race wh. 6. (a) Single, widowed, married, divorced, Wid.
 6. (b) Name of husband or wife Rena M. Almond 6. (c) Age of husband or wife if alive..... years
 7. Birth date of deceased April 28th, 1857
 (Month) (Day) (Year)

8. AGE: Years 85 Months 7 Days 1 If less than one day hr. min.

9. Birthplace Springfield Mo.
 (City, town, or county) (State or foreign country)

10. Usual occupation Retired Contractor

11. Industry or business

MOTHER FATHER { 12. Name Ned Almond
 13. Birthplace Vir.
 (City, town, or county) (State or foreign country)
 14. Maiden name Ann Laten
 15. Birthplace Unknown
 (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. James A. Massey

(b) Address 2639 Lockridge

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

(c) Place: burial or cremation Mt. Moriah

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

(b) Address 1800 Linwood Blvd.

19. (a) 11-30-42 (b) M. M. Crown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 29
 year 1942 hour 7 P.M. minute..... M.

21. I hereby certify that I attended the deceased from Nov 26
 1942 to Nov 29 1942
 that I last saw him alive on Nov. 29 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death Malignant tumor in brain and internal organs including one in sigmoid region which I removed.

Due to Primary Cancer of Abdominal cavity, n. h. o

Other conditions (Include pregnancy within 3 months of death) 55E

Major findings: Of operations no op

Of autopsy Malignant tumors

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 Edw. L. Stewart (M. D. or other)

Address 1115 Grand Ave. City Date signed 1/30/42

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

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Mr. [illegible]

W. 1440
Shelton Bluff

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..... *Chas Wilks*

Licensed Embalmer No. *2644*

P. O. Address. *1800 Linwood*

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.