

Registration District No. **FILED JAN 19 1943**

Primary Registration District No. **7002**

Registrar's No. **4922**

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: **3231 Prospect (Conv Home)**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **6 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. **3231 Prospect**
(If rural, give location)

(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **John W Current**

3. (b) If veteran name war **no**

3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **S**

6. (b) Name of husband or wife _____

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

7. Birth date of deceased **unknown**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **12** day **29**
year **1942** hour **1** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug. 5,**
1942 to **Dec. 29,** **1942**

that I last saw him alive on **Dec. 28,** **1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute myocarditis.**

Due to **Old age, hypertension + general debility.**

Due to _____

Other conditions **Paralysis, nephritis, tuberculosis**
(Include pregnancy within 3 months of death)

8. AGE: Years **84** Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation **none**

11. Industry or business _____

MOTHER FATHER

12. Name **Current, J**

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

14. Maiden name **unknown**

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

16. (a) Informant **Miss Hazel Tate**

(b) Address **3231 Prospect**

17. (a) Date that died **Dec 29 1942** (b) Date thereof **12-29-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **College of Naturopaths**

18. (a) Signature of funeral director **Linwood S. Oliver**

(b) Address **241 N. Kelly Bldg**

19. (a) **Dec 31 1942** (b) **M. M. Covine**
(Date received local registrar) (Registrar's signature)

Major findings: **131 B**

Of operations _____

Of autopsy _____

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 **G W S Towell** (M. D. or other) **D.O.**

Address **241 N. Kelly Bldg** Date signed **12-30-42**

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

Dr. S. H. Stawell
Rearby 13th
39 - American

NOV 12 1966

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. 2566
P. O. Address 1 KC 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.