

ED JUL 13 1943

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2942

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:  
1321 Holmes Street - Apt. # 5  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 20 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. 1321 Holmes Street - Apt. # 5  
(If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Mr. Charles Otto Etchison

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. Essie Etchison 6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased September 16 1883  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>59</u>	<u>9</u>	<u>15</u>	hr. _____ min.

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

10. Usual occupation Brakeman

11. Industry or business K. C. Southern R. R.

MOTHER FATHER

12. Name Charles Etchison  
 13. Birthplace Mo. 1  
(City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Mo 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Essie Etchison

(b) Address 1321 Holmes Street - Apt. # 5

17. (a) Removal (b) Date thereof July 2, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hwy 1 Parts, Texas, De Post

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-2-43 (b) Dep. J. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1st  
 year 1943 hour 3 minute 50 P.M.

21. I hereby certify that I attended the deceased from Sept (1936)  
1936 to July 1 1943  
 that I last saw him alive on July 1 1943  
 and that death occurred on the date and hour stated above.

Immediate cause of death acute failure of heart

Due to Chronic Myo carditis

Due to Tuberculosis of dorsal spine and chronic morph addiction

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: None  
 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) (a) Means of injury

23. Signature Amie Banties (M. D. seal)  
 Address 416 Argyle K.C. Mo Date signed 7-2-43

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

3112  
9-10  
Lemuel Blair

---

---

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Ke 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.