

FILED AUG 11 1943

Registration District No. 749

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jacks on
(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3632 Tracy, /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution NO. (Specify whether
In this community 34 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. 3632 Tracy,
(If rural, give location)
(e) Citizen of foreign country? NO. (Yes or No)
If yes, name country X

3. (a) PRINT FULL NAME William Furner Ditch,

3. (b) If veteran, name war NO. 3. (c) Social Security No. NO.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Elizabeth Ditch 6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased January 22 1848
(Month) (Day) (Year)

8. AGE: Years 95 Months 6 Days 3 If less than one day hr. min.

9. Birthplace England (City, town, or county) (State or foreign country) 4

10. Usual occupation Retired,

11. Industry or business X

12. Name Horace Ditch,

13. Birthplace England, (City, town, or county) (State or foreign country) 4

14. Maiden name Annie Catt,

15. Birthplace England, (City, town, or county) (State or foreign country) 4

16. (a) Informant Mrs. Elizabeth Ditch,

(b) Address 3632 Tracy, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-27-43 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moura

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 7-26-43 (Date received local registrar) (b) P. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 25th
year 1943 hour 7:00 minute a. M.

21. I hereby certify that I attended the deceased from July 20 1943 to July 25 1943
that I last saw him alive on July 20
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary . Duration

Due to hypertrophied prostate

Due to Senility

Other conditions Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings: Of operations 137a

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 Hughes (M.D. or other)

Address 303 signed 7-26-43

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

Dr. Gestring

Spanish Bldg.

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 *J. Alan Shepherd*

Licensed Embalmer No. *4129*

P. O. Address *F. C. Ins.*

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.