

FILED NOV 26 1943
Registration District No. 779

Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County. Jackson
(b) City or town. Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 25th Street - 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community all his life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. Mo (b) County Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 3231 Tracy
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME WILLIAM C. CORNPROPST

3. (b) If veteran, World War I name war _____
3. (c) Social Security No. 486-10-1535

4. Sex Male Color or race White
6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Mr. Brown
6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased June 5 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
55 5 0 hr. min.

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

10. Usual occupation Construction work

11. Industry or business _____

12. Name David H. Cornpropst

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

14. Maiden name Anna Ryan
(City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Chapman
(b) Address 3231 Tracy

17. (a) Burial (b) Date thereof 11-8-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director C. G. Theson
(b) Address 2512 Helme

19. (a) 11-8-43 (b) D. C. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 5
year 1943 hour 7 minute 51 A.M.

21. I hereby certify that I attended the deceased from Reptilly Coroner, 19____, that I last saw him _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death Acute & Chronic myocardial infarction -

Due to atherosclerosis of heart

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

Major findings: Of operations 94a

Of autopsy See above

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? _____

23. Signature D. E. Upster (Specify type of place) (e) Means of injury _____
Address 237 M^e City (M. D. or other) _____
Date signed 11/6/43

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

NOV 29 1948

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. G. Thiesen

Licensed Embalmer No. *2361*

P. O. Address *2573 Adams St*

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, above space should be left blank.