

FILED DEC 22 1943
1943

State File No. 5019
Registrar's No.

Registration District No. 799

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Vineyard Park Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether in)

In this community since 1882
years, months or days

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 3826 Highland
(If rural, give location)

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

3. (a) PRINT FULL NAME John Harrison Edelman

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race Wh

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

6. (b) Name of husband or wife Katherine M. Edelman

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Dec. 30, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

81 10 28 hr. min.

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

10. Usual occupation Contractor

11. Industry or business Self

12. Name John Edelman

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

14. Maiden name Mary Fogarty

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

16. (a) Informant Arthur V. Edelman

(b) Address 4008 Woodland

17. (a) Burial (b) Date thereof 11-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Mary's Cemetery

18. (a) Signature of funeral director Hos. E. Quirk

(b) Address 4316 Troost

19. (a) 11-29-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 28
year 1943 hour 12 minute 15 P M.

21. I hereby certify that I attended the deceased from Nov 1, 1943 to Nov 26, 1943
that I last saw him alive on Nov - 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to arteriosclerosis

Due to Nephritis chr. Interstitial

Other conditions Cocci in prostate
(Include pregnancy within 3 months of death)

Major findings: Myocardial infarction
Of operations: gastrostomy

Of autopsy: none

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 J. S. Sheldon (M. D. or _____)
Address 326 West 11th St. Date signed 11-28-43

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 Thomas E. Quirk

Licensed Embalmer No. 3775

P. O. Address 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.