

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

FILED JUN 28 1944

Registration District No. 3013

Primary Registration District No. 3013

Registrar's No. 69

1. PLACE OF DEATH:

(a) County CLAY  
(b) City or town NORTH-KAN-CITY MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
AT Home  
(If not in hospital or institution, write street number or location) 1  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 25 YEARS years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County CLAY 24  
(c) City or town NORTH KAN-CITY MO 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 823 East 23rd St 1  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME CHARLES-R-EDDY

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED  
6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years (Day) (Year)

7. Birth date of deceased June 19 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 0 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RETIRED-ENGINEER

11. Industry or business BUSINESS -

MOTHER FATHER

12. Name UNKNOWN 9  
13. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)  
14. Maiden name UNKNOWN  
15. Birthplace UNKNOWN 9  
(City, town, or county) (State or foreign country)

16. (a) Informant H.R-EDDY 1  
(b) Address 823 E-23 AT NO KAN CITY

17. (a) BURIAL (b) Date thereof 6-21-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation RURAL HILLS CEM.

18. (a) Signature of funeral director MORTON FUNERAL HOME  
(b) Address NORTH KANSAS CITY MO

19. (a) June 20 - 1944 (b) Paul W. Henry  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 19 1944  
year 1944 hour 8:30 minute P.M.

21. I hereby certify that I attended the deceased from 5-20 to 6-19 1944  
that I last saw him alive on 6-19-44 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Degeneration

Due to Senility

Due to arterio sclerosis

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 932  
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) (e) Means of injury \_\_\_\_\_

23. Signature James Hodge (M. D. or other)  
Address North Kansas City MO Date signed 6/24/44

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

6-27-44

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

working under my personal supervision.

Registered Apprentice No.

Signed

*John S. Morton*

Licensed Embalmer No. 4349

P. O. Address

North Kan City

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.