

FILED MAR 3 1945
Registration District No. **1002**

Primary Registration District No. **1002**

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:
Railroad Tracks in Terminal Yards 3
(If not in hospital or institution, write street number or location)
NO.
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community **1 Day**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **M-y** (b) County **999**
(c) City or town **Jamaica 30**
(If outside city or town limits, write "RURAL")
(d) Street No. **0**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country **?**

3. (a) PRINT FULL NAME **James W. Sterett, Corporal**

3. (b) If veteran, name war **World War #2** 3. (c) Social Security No. **none**

4. Sex **Male** () race **White** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **unfr**
6. (b) Name of husband or wife **unknown** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **unknown**
(Month) (Day) (Year)

8. AGE: Years **25** Months _____ Days _____ If less than one day hr. _____ min. _____

9. Birthplace **unknown**
(City, town, or county) (State or foreign country)

10. Usual occupation **Corporal**

11. Industry or business **World War #2**

MOTHER FATHER
12. Name _____
13. Birthplace **unknown**
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace **unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **Coroner's Office**
(b) Address **K.C. Mo.**

17. (a) **removal** (b) Date thereof **2-12-45**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Jamaica, New York**

18. (a) Signature of funeral director **Stine & McClure,**
(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) **2-12-45** (b) **N.E. Brown**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **10**
year **1945** hour **8:00** minute **A.** M.

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

Immediate cause of death _____
Rail Road Traumatism
Due to **Found dead hit by train**
Due to **11-9-8**
Other conditions (Include pregnancy within 3 months of death) **30**

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy **yes**

22. If death was due to external causes, fill in the following:
(c) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **2-10-1945**
(c) Where did injury occur? **Terminal Yards K.C. Jackson mo**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Public place

While at work? **yes** (Specify type of place) (e) Means of injury **Railroad**

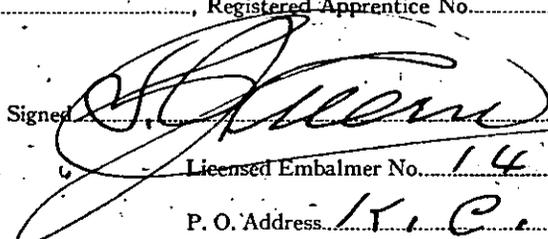
23. Signature **Samuel Walker** (M. D. or other) **Coroner**
Address **11424 Bogue Blvd** Date signed **2-10-45**

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

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


.....
Licensed Embalmer No. 1415
P. O. Address K. C. 470

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.