

FILED MAR 19 1945
 Registration District No. **149**

Primary Registration District No. **1002**

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 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: 6449 Wornall Terrace
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution XX
89 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. 6449 Wornall Terrace
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME GEORGE WASHINGTON APPLLEGATE
 3. (b) If veteran, name war No 3. (c) Social Security No. None
 4. Sex Ma 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Widowed
 6. (c) Age of husband or wife if alive XX years
 7. Birth date of deceased October 13 1851
(Month) (Day) (Year)

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Feb day 28
 year 1945 hour 10: minute 30 A. M.
 21. I hereby certify that I attended the deceased from Feb. 21
10:45 to Feb 10 1945
 that I last saw him alive on Feb 21 1945
 and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>93</u>	<u>4</u>	<u>15</u>	hr. min.

Immediate cause of death: Coronary Occlusion
 Due to: Myocarditis & Atherosclerosis
 Duration: 1 week
 Other conditions: g4w
(Include pregnancy within 3 months of death)

9. Birthplace Appanoose County Iowa
(City, town, or county) (State or foreign country)
 10. Usual occupation Retired Cement Contractor

Major findings:
 Of operations _____
 Of autopsy _____
PHYSICIAN
 Underline the cause to which death should be charged statistically.

MOTHER FATHER
 11. Industry or business _____
 12. Name Will Applegate
 13. Birthplace No Record
 14. Maiden name No Record
 15. Birthplace " "

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?

16. (a) Informant Lester Applegate
5535 Montgall
 (b) Address _____
 17. (a) Burial (b) Date thereof 3-3-45
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery
 18. (a) Signature of funeral director J.W. Wagner
 (b) Address Kansas City, Mo.
 19. Mar 2 1945 (b) J.E. Brown
(Date received local registrar) (Registrar's signature)

While at work _____
(Specify type of place) (c) Means of injury
 23. Signature Professional Body (M. D. or other) MD
 Address _____ Date signed 3/2/45

Rec'd 1/19
11-11-05

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 Cecil R. Matthes

Licensed Embalmer No. 3807

P. O. Address Kansas City, 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.