S. No. 2
M—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 9635

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1157

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: 5015 Lydia /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. (Specify whether
In this community 47 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 5015 Lydia 8
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No) 0
If yes, name country x

3. (a) PRINT FULL NAME John H. Remington

3. (b) If veteran, name war no.

3. (c) Social Security No. none

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Margaret M. Remington

6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased November (Month) 5 (Day) 1867 (Year)

8. AGE: Years 78 Months 4 Days 3 If less than one day hr. min.

9. Birthplace Missouri (City, town, or county) (State or foreign country) 0

10. Usual occupation Realtor

11. Industry or business Real Estate

FATHER
12. Name W. P. Remington
13. Birthplace South Carolina / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Hattie Elgin
15. Birthplace Virginia / (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Margaret M. Remington
(b) Address 5015 Lydia, Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 3-11-46 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

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

19. (a) 3-8-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8
year 1946 hour 8:30 minute A. M.

21. I hereby certify that I attended the deceased from Sept 1944 to March 8 1946
that I last saw him alive on March 8 '46 19
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Congestive Heart failure	2 weeks
c̄ Glomerular Nephritis & uremia	
Due to Hypertension, arteriosclerosis	10 yrs
Due to	
Other conditions Cerebral accident (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations —
Of autopsy —

83a

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? (Specify type of place)
While at work? (e) Means of injury —

23. Signature Frank B. Lenfon (M. D. or other) M.D.
Address 924 Prof Bldg K. C. Mo. Date signed 3-8-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Frank B. Leitz

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.....

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.