

FILED NOV 25 1946
Registration District No. 177

Primary Registration District No. 1002

Registrar's No. _____

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 weeks
In this community 32 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Harry Street
3. (b) If veteran, name war no. 3. (c) Social Security No. NO.

4. Sex male 5. Color or race white 6. (a) Single, divorced, married, widowed
6. (b) Name of husband or wife Mrs. Bertha Street 6. (c) Age of husband or wife if alive unknown years
7. Birth date of deceased December 10 1886
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
59 11 0 hr. min.

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

10. Usual occupation Inv. Broker

11. Industry or business X

12. Name J. R. Street

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

14. Maiden name Sally M. White

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

16. (a) Informant Mrs. Bertha Street,

(b) Address 416 W. Gregory, Kansas City, Mo.

17. (a) burial (b) Date thereof 11-12-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gilham Plaza, K. C., Mo.

19. (a) 11-12-46 (b) St. Raldis Holmes
(Date received local registrar) (Registrar's signature)

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. 416 West Gregory
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country X

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 10
year 1946 hour A. minute 5. M.

21. I hereby certify that I attended the deceased from Oct. 27th 1946 to Nov. 10th 1946
that I last saw him alive on Nov. 9th 1946
and that death occurred on the date and hour stated above.

Immediate cause of death: Acute Myocardial Infarction
Due to Pneumonia (Virus) (Bronchial)
Duration 14 days

Due to _____
Duration _____

Other conditions: (Include pregnancy within 3 months of death) 940

Major findings: Of operations _____

Of autopsy Acute Myocardial Infarction + Pulmonary Embolism

22. If death was due to external causes, list the following: Pneumonia

(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 d

23. Signature James D. Smith (M. D. or other) _____

Address 318 Professional Bldg Date signed 11/10/46

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

36022

PHYSICIAN

Underline the cause to which death should be charged statistically.

Er G. D. Smith

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 *Robert H. Reed*

Licensed Embalmer No. *3745*

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.