

FILED APR 8 1947

State File No.

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1375

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 1415 Michigan Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years (Specify whether years, months or days)
In this community 25 years

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. 1415 Michigan
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME

Forrest C Serman

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

4. Sex Male 5. Color or race Col
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Alice Serman 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Mar 15 1890
(Month) (Day) (Year)

8. AGE: Years 57 Months 5 Days 6 If less than one day hr. min.

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

10. Usual occupation City Policeman

11. Industry or business unknown

12. Name no

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

14. Maiden name no

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

16. (a) Informant Alice Serman
(b) Address 1415 Michigan

17. (a) Burial (b) Date thereof 3-25-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cem

18. (a) Signature of funeral director H B Moore
(b) Address 1820 East 18 st

19. (a) 3-24-47 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 21
year 1947 hour 12 PM M.

21. I hereby certify that I attended the deceased from February 26
1947 to March 21 1947
that I last saw him alive on March 21 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema Duration

Due to Acute Congestive Heart Failure

Due to Hypertensive Heart Disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 958 Underline the cause to which death should be charged statistically.
Of autopsy

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?

(e) Means of injury 0
23. Signature Werner D. Dixon (M. D. or other)
Address 2204 1/2 E 18th Date signed 3-24-47

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

MOTHER FATHER

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

AB Moore

Licensed Embalmer No. *2410*

P. O. Address *1820 E 18 st*

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.