

FILED APR 17 1948

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1426

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: St. Mary's
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
In this community 6 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Charles Amet

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 Mrs. Bertha P. Amet 6. (c) Age of husband or wife if alive 75 years

7. Birth date of deceased February 9th, 1869
(Month) (Day) (Year)

8. AGE: Years 79 Months 1 Days 21 If less than one day hr. min.

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

10. Usual occupation Salesman

11. Industry or business _____

MOTHER FATHER { 12. Name Albert V. Amet

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

14. Maiden name Mary Simpson

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

16. (a) Informant Albert V. Amet

(b) Address 7125 Grand

17. (a) Cremation (b) Date thereof Apr. 3, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director Freeman Mortuary

(b) Address 42nd. St. & Mill Creek Pkwy.

19. (a) 4-1-48 (b) Maadine 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. 7125 Grand
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 30
year 1948 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 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 _____

Broncho pneumonia

Due to Hematoma Right Leg

Due to Auto Trauma

Auto & Pedestrian

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Deputy Coroner &

Of operations _____

Of autopsy See Above

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) Accident

(b) Date of occurrence 3-5-48

(c) Where did injury occur? Kansas City mo

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) _____

Means of injury Trauma

23. Signature A. E. Upsher (M. D. or other) _____

Address 2850 main Date signed 4/1/48

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 Walter H. Bennett
Licensed Embalmer No. 4438
P.O. Address H. C., 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.