

FILED SEP 4 1948
Registration District No. 149

Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 mo. 4 days
In this community 40 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Ezekiel Deel

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex M 5. Color or race W
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Minnie Deel 6. (c) Age of husband or wife if alive 76 years
7. Birth date of deceased 7 17 1872
(Month) (Day) (Year)

8. AGE: Years 76 Months 0 Days 26 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business B. B.

MOTHER FATHER { 12. Name George W. Deel

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

{ 14. Maiden name Thompson

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

16. (a) Informant Mrs. Minnie Deel
(b) Address 1235 Jefferson

17. (a) Burial (b) Date thereof 8-25-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn
18. (a) Signature of funeral director C. John V. Sleil
(b) Address 1235 Jefferson

19. (a) 8-25-48 (b) Geraldine Adams
(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. 1235 Jefferson
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 23
year 1948 hour 8 minute 45 P.M.

21. I hereby certify that I attended the deceased from July 17, 1948, to Aug. 23, 1948, that I last saw him alive on Aug. 23, 1948, and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of bladder

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 52 lb

Major findings: Of operations _____

Of autopsy See above

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? _____

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

23. Signature Wm W. Hart (M. D. or other) MD
Address Med. Dir., Gen'l Hosp. Date signed 8-24-48

Duration
Physician
Underline the cause to which death should be charged statistically.

Dr. Burrell

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.....

C. E. Mayfield....., Registered Apprentice No. *18*
working under my personal supervision.

Signed *John P. Sheil*.....
Licensed Embalmer No. *3625*
P. O. Address *N. 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.