

Registration District No. 149

Primary Registration District No. 1002

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 14 hrs.
In this community Unknown
years, months or days (Specify whether)

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. 1225 Campbell
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME William Sample

3. (b) If veteran, name war None 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown (About 1883)
(Month) (Day) (Year)

8. AGE: Years 65 Months ? Days ? If less than one day hr. min.

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

10. Usual occupation Unknown

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Record Clerk

(b) Address K.C. General Hosp #1

17. (a) Anatomical (b) Date thereof 12-30-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Western Dental Coll.

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, K.C., Mo.

19. (a) 12-30-48 (b) Heraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 15
year 1948 hour 12 minute 45 P. M.

21. I hereby certify that I attended the deceased from Dec. 14, 1948, to Dec. 15, 1948
that I last saw him alive on Dec. 15, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebrovascular accident

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 830

Major findings: Of operations _____

Of autopsy None

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? 0

Wm. W. Hart (Specify type of place) While at work? (e) Means of injury _____

23. Signature Wm. W. Hart (M. D. or other) 12-16-48
Address Med. Dir. Gen'l Hosp. Date signed _____

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

MOTHER FATHER

M. ...

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.....

Blaine E. Weigel

Licensed Embalmer No.....

4975

P. O. Address.....

K.C.S., 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.