N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9763

1. PLACE OF DEATH
County JACKSON — Registration District No. 399 — File No. 1867
Township KAW — Primary Registration District No. 1002 — Registered No.
City KANSAS CITY (No. WESLEY HOSPITAL St. Ward)

2. FULL NAME JAMES EDWARD HAUTZENRADER
(a) Residence, No. 3239 THOMPSON St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: MALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-12-1932

7. AGE — YEARS: — MONTHS: 7 — DAYS: 10 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. NONE
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

1 12. BIRTHPLACE (CITY OR TOWN) KANSAS CITY (STATE OR COUNTRY) MISSOURI

FATHER
13. NAME LAWRENCE HAUTZENRADER
2 14. BIRTHPLACE (CITY OR TOWN) TROY (STATE OR COUNTRY) KANSAS

MOTHER
15. MAIDEN NAME BLANCHE RANWEZ
2 16. BIRTHPLACE (CITY OR TOWN) CORONA (STATE OR COUNTRY) KANSAS

17. INFORMANT MR. LAWRENCE HAUTZENRADER (ADDRESS) 3239 THOMPSON AVE.

18. BURIAL, CREMATION, OR REMOVAL PLACE FOREST HILL DATE MARCH-24, 1933

19. UNDERTAKER D. W. NEWCOMER'S SONS (ADDRESS) 2111 EAST 9TH ST.

20. FILED 3-23, 1933. M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH-22, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 17, 1933, to March 22, 1933.
I last saw him alive on March 22, 1933. Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Intussection - Illio - Cecal — Date of onset

1 2 3 1 2 3

Other contributory causes of importance: none.
Operation by Dr. J. F. Mackey at Wesley Hospital

Name of operation Illio-Colon Actinosis Date of 3/21/33.
What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury —, 19—
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) J. F. Swarens, M. D.
(Address) 2816 East 6th St.

12-2; 5-8