

RECEIVED APR 15 1941

Registration District No. 279

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH: Jackson
 (a) County: Kansas City
 (b) City or town: (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2419 Campbell
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution: 35 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME: Robert Hadley

3. (b) If veteran, name war: None
3. (c) Social Security No.: 708-18-8515

4. Sex: M
 5. Color or race: Col
 6. (a) Single, widowed, married, divorced: Widowed
 6. (b) Name of husband or wife: Lillie Hadley
 6. (c) Age of husband or wife if alive: 21 years
 7. Birth date of deceased: April 21 1879 (Month) (Day) (Year)

8. AGE: Years 61 Months 10 Days 29 If less than one day hr. min.

9. Birthplace: Aberdeen Miss. (City, town, or county) (State or foreign country)

10. Usual occupation: Retired Pullman Porter

11. Industry or business:

MOTHER FATHER {
 12. Name: Mose Hadley
 13. Birthplace: Miss. (City, town, or county) (State or foreign country)
 14. Maiden name: Ella Pruitt
 15. Birthplace: Miss. (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Naomi Robinson

(b) Address: 2419 Campbell

17. (a) burial (b) Date thereof: 3/24/41 (Month) (Day) (Year)
 Highland Cemetery
 (c) Place: burial or cremation

18. (a) Signature of funeral director: 1729 Lydia

(b) Address:
 19. (a) 3/24/41 (b) M. M. Brown (c) Registrar's signature
 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED: 4837
 (a) State: Missouri (b) County: Jackson
 (c) City or town: Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No.: 2419 Campbell
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 20th
 year: 1941 hour: I minute: 30 P. M.

21. I hereby certify that I attended the deceased from: March 15, 1941 to March 19, 1941
 that I last saw him alive on: March 15, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death: cerebral hemorrhage 4 days

Due to: hypertension 12 1/2 yr.
 Due to: nephritis, chronic

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

Major findings:
 Of operations:
 Of autopsy:
 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?

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

23. Signature: S. B. Hubbard (M. D. or other)
 Address: 226 Valley Date signed:

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

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 Isaac Jerome Manlove

Licensed Embalmer No. 3994

P. O. Address 1120 E. 23rd 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.