

FILED APR 25 1942
374

Registration District No. **374**

Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas**
(b) City or town **City**
(c) Name of hospital or institution: **K.C. General Hospital No. 1**
(d) Length of stay: In hospital or institution **1 day**
In this community **8 yrs**

2. USUAL RESIDENCE OF DECEASED: **Jackson 042**
(a) State **MISSOURI** (b) County **042**
(c) City or town **Kansas City**
(d) Street No. **2715 Olive St.**
(e) Citizen of foreign country? **0**

3. (a) PRINT FULL NAME **RUSSELL DENTON**
(b) If veteran, name war **NO.**
(c) Social Security No. **481-05-2296**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **30th**
year **1942** hour **5** minute **35 P.** M.

4. Sex **MALE** 5. Color or race **WH.** 6. (a) Single, widowed, married **MARRIED**
(b) Name of husband or wife **Carrie Denton** 6. (c) Age of husband or wife if alive **42** years
7. Birth date of deceased **Jan. 20 1889**

21. I hereby certify that I attended the deceased from **3-29-42** to **3-30-42**
that I last saw him alive on **3-30-42**
and that death occurred on the date and hour stated above.

8. AGE: Years **53** Months **7** Days **10** If less than one day **hr. min.**

Immediate cause of death **CORONARY THROMBOSIS**
Due to **HTA**
Other conditions **gufa**

9. Birthplace **Mo.** (City, town, or county) (State or foreign country)
10. Usual occupation **Barber**

Major findings: Of operations **None**
Of autopsy **None**
PHYSICIAN **gufa**
Underline the cause to which death should be charged statistically.

11. Industry or business
12. Name **Wm Denton**
13. Birthplace **Tenn.**
14. Maiden name **No Record**
15. Birthplace **Mo.**

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

16. (a) Informant **Carrie Denton**
(b) Address **2715 Olive**
17. (a) **Burial** (b) Date thereof **4-1-42**
(c) Place: burial or cremation **Richmond Mo**
18. (a) Signature of funeral director **Wm Crowe**
(b) Address **2406 Marshall Rd.**
19. (a) **4-1-42** (b) **Wm Crowe**

23. Signature **Army R Thoms** (M. D. or other)
Address **Med. Dir. K.C. General Hospital** Date signed

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

me

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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 Harlyn Roe, Registered Apprentice No. _____, working under my personal supervision.

Signed Harlyn Roe
Licensed Embalmer No. 3810
P. O. Address K. O. 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.