

FILED FEB 25 1943

Registration District No. **147**

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 Kan city mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
7415 Merrington
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 17 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 7415 Merrington
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Everett R. Hattenby

3. (b) If veteran, name war no

3. (c) Social Security No. 500-03-5883

4. Sex M

5. Color or race W

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Verona

6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased Jan 25 1903
(Month) (Day) (Year)

8. AGE: Years 40 Months 0 Days 7
If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business same

12. Name Harry Hattenby

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

14. Maiden name Pola Devanport

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

16. (a) Informant Frank Hattenby

(b) Address 6815 Indiana

17. (a) Burial (b) Date thereof 2/4/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem

18. (a) Signature of funeral director Snow Mayberry

(b) Address 7415 Merrington

19. (a) 7/4/43 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 2 year 1943 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Pathologist, To _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Generalized Carcinomatosis?

Due to Primary Carcinoma of adrenal bodies?

Due to 550

Other conditions Vegetative endocarditis of aortic & mitral valves?

Major findings: Of operations _____

Of autopsy as 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 Maurice Jones (M. D. _____)
Address 909 Argyle Bldg Date signed 2/2/43

4 pages

MOTHER FATHER

C

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 _____

Licensed Embalmer No. _____

P. O. Address _____

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.