

FILED MAR 5 1943

Registration District No.

Primary Registration District No.

1002

Registrar's No.

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:
3536 Bell St. 1
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution none (Specify whether
 In this community Life (Specify whether
 years, months or days)

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. 3536 Bell St.
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME James David Hershey

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

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

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive none years

7. Birth date of deceased May 24 1925
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
17 8 25 hr. min.

9. Birthplace Kansas City Mo. 0
 (City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business none

12. Name Thomas D. Hershey

13. Birthplace Lynn Co. Mo. 0
 (City, town, or county) (State or foreign country)

14. Maiden name Opal Johnson

15. Birthplace Lynn Co. Mo. 0
 (City, town, or county) (State or foreign country)

16. (a) Informant Thomas D. Hershey

(b) Address 3536 Bell St.

17. (a) Burial (b) Date thereof 2-22-43
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Marceline Mo.

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

(b) Address 1901 Olathe Blvd.

19. (a) 2/22/43 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 19
 year 1943 hour 7 minute 08 P.M.

21. I hereby certify that I attended the deceased from Jan 6
1938 to Feb. 17 1943
 that I last saw him alive on Feb. 17 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Acute dilatation of heart
 Due to Brown tumor non-malignant
 Due to 56 D

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy none

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 M. Connelly Anderson
 Address 6520 S. 1st Ave Date signed 2-22-43

Duration

number of years

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Dr. W. Connelly Anderson

6520 Independence Blvd

8 to 8:30 A.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

Ralph Grubb

Registered ^{Embalmer} Apprentice No. *1740 Hans. License*

working under my personal supervision.

Signed

M. L. Gates

Mason

Licensed Embalmer No. *245*

P. O. Address

1901 N. H. S. Manser Ct

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.