S. No. 2
M—5-42
v. 5-17-39
I X32673

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

13131

State File No.

Registration District No. 149 Primary Registration District No. 1602 Registrar's No. 1600

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

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:
1320 Harrison /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution XX (Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Mo. (b) County Jackson 3
(c) City or town K. C. 4
(If outside city or town limits, write "RURAL")
(d) Street No. 1320 Harrison
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country Unknown 0

3. (a) PRINT FULL NAME Hadley J. Dennis
3. (b) If veteran, name war Unknown
3. (c) Social Security No. Unknown
4. Sex M.
5. Color or race W.
6. (a) Single, widowed, married, divorced Unk. 9
6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years Aprox, 55 Months Days If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
10. Usual occupation Mattress Maker
11. Industry or business
FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)
16. (a) Informant Coroners Office
(b) Address Jackson County, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/8/43 (Month) (Day) (Year)
(c) Place: burial or cremation Maple Hill Cem.
18. (a) Signature of funeral director H. Tigerman & Sons
(b) Address Kansas City, Mo.
19. (a) 4/4/43 (Date received local registrar) (b) M. M. Crow (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 25
year 43 hour 2:50 minute P M.
21. I hereby certify that I attended the deceased from Unknown, 19..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerotic heart disease
Due to 9.3 D
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy Inspection & history

Duration

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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature [signature] (M. D. or other) 4/3/43
Address Kew 3 Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.