

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

FILED SEP 21 1943

State File No. 3871
Registrar's No.

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 430 West 35th St.
(d) Length of stay: In hospital or institution XX
In this community 25 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City
(d) Street No. 430 West 35th St.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME ALBERT KADDERLY

3. (b) If veteran, name war No 3. (c) Social Security No. 70814-3603

4. Sex Male 5. Color or race Wh 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Anna Kadderly 6. (c) Age of husband or wife if alive 46 years
7. Birth date of deceased January 18 1870 (Month) (Day) (Year)

8. AGE: Years 73 Months 7 Days 20 If less than one day hr. min.

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

10. Usual occupation Retired Locomotive Engineer

11. Industry or business Rock Island

MOTHER FATHER { 12. Name Randolph Kadderly
13. Birthplace No Record
14. Maiden name No Record
15. Birthplace No Record

16. (a) Informant Mrs. Anna Kadderly
(b) Address 430 West 35th St.

17. (a) Removal (b) Date thereof 9-9-43
(c) Place: burial or cremation Union, Mo.

18. (a) Signature of funeral director J. M. Wagner
(b) Address Kansas City, Mo.

19. (a) 9-8-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 8th
year 1943 hour 1: minute 20 A.M.

21. I hereby certify that I attended the deceased from 6-1-1942 to 9-7-1943
that I last saw him alive on 9-7-1943
and that death occurred on the date and hour stated above.

Immediate cause of death Phrenic
neuritis

Due to 9.30
Due to

Other conditions Phrenic Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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?

While at work (Specify type of place) (c) Means of injury
23. Signature J. J. Banko (M. D. or other)
Address City Date signed 9-8-43

12:30 to 5:00
Average

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 A. R. Hainschuld
Licensed Embalmer No. 4159
P. O. Address Kansas City

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.