

NOV 1 1943

4346

Registration District No. 149

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:  
St. Joseph's Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Days  
(Specify whether years, months or days)

In this community 20 Years  
(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. 4121 Independence Ave.  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME HARRY ERNEST HADEN

3. (b) If veteran, name war No 3. (c) Social Security No. 187-05-9638

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

6. (b) Name of husband or wife Ida 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased Oct. 27, 1890  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>52</u>	<u>11</u>	<u>10</u>	hr. _____ min.

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

10. Usual occupation Watchmaker

11. Industry or business North American Aviation

12. Name Harry Ernest Wolford Haden

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

14. Maiden name Laura Vernon

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

16. (a) Informant Mrs. Harry E. Haden

(b) Address 4121 Independence Ave., Removal

17. (a) (b) Date thereof Oct. 13, 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lathrop, Mo.

18. (a) Signature of funeral director G. H. Blackman & Son,  
(b) Address Kansas City, Mo.

19. (a) 10-12-43 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7 year 1943 hour 2:45 minute \_\_\_\_\_ a. m.

21. I hereby certify that I attended the deceased from 1939 to Oct 7 1943; that I last saw him alive on Oct 7 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Acute Pulmonary Infarct of right upper lobe Duration 2 hours

Due to Myocardial Degeneration with Hypertrophy & dilation 2 months

Due to Hypertension 40 or 5 years

Other conditions (include pregnancy within 3 months of death) 930

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

23. Signature \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (M. D. or other)

Address 814 Professional Bldg Date signed 10/7/43

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

MOTHER FATHER

DEC 1 1958

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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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed H. D. Blackman

Licensed Embalmer No. 9639

P. O. Address I. C. M.

**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.**