

FILED JAN 5 1944 49
Registration District No. _____

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 K.C.
(c) Name of hospital or institution:
General Hosp. of Days
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution 4 days
(Specify whether
In this community unknown (Specify whether
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town K.C.
(If outside city or town limits, write "RURAL")
(d) Street No. 121 Mo Ave
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ARTHUR 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 widower

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: 67 Years Months Days If less than one day
hr. min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER {
12. Name _____
13. Birthplace _____
(City, town, or county) (State or foreign country)
14. Maiden name _____
15. Birthplace _____
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Henry Dennis

(b) Address 13085 Wichita Kane

17. (a) Removal (b) Date thereof 12/20/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wichita Kane

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

(b) Address 901 E 5th

19. (a) 12-20-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 19
year 43 hour _____ minute _____ M.

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

Immediate cause of death Bronchopneumonia
Fracture of right leg
Fall on street
Due to _____
Due to _____

Other conditions 186a
(include pregnancy within 3 months of death)

Major findings: Of operations _____
Of autopsy inspection and history
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) Accident 123
(b) Date of occurrence Dec. 15, 1943
(c) Where did injury occur? Kansas City Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? No (Specify type of place) (e) Means of injury Trauma

23. Signature D. E. Brown (M. D. or other) M.D.
Address 22 McCole Date 12/19/43

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..... *Ray E Snow*.....
Licensed Embalmer No..... *2560*.....
P. O. Address..... *NE MA*.....

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.