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FILED FEB 3 1944
1949

State File No. _____
Registrar's No. _____

Registration District No. _____ Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: K. C. General Hospital No. 1
(d) Length of stay: In hospital or institution 2 days
In this community 2 yrs - 5 mo - 10 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 1315 E. 8 St.
(e) Citizen of foreign country? _____

3. (a) PRINT FULL NAME Terry Denton
(b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month January day 12
year 1944 hour 5 minute 40 P. M.

4. Sex male 5. Color or face white 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Aug 2 1941 (Month) (Day) (Year)

21. I hereby certify that I attended the deceased from January 10 1944 to January 12 1944 that I last saw him alive on January 12 1944 and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
2 5 10 hr. min.

Immediate cause of death Meningococcal Meningitis
Due to _____
Due to _____
Other conditions: _____
(Include pregnancy within 3 months of death)

9. Birthplace K.C. mo (City, town, or county) (State or foreign country)
10. Usual occupation Infant

PHYSICIAN
Major findings: _____
Of operations: _____
Of autopsy See above
Underline the cause to which death should be charged statistically.

MOTHER FATHER
11. Industry or business _____
12. Name David R Denton
13. Birthplace mo. (City, town, or county) (State or foreign country)
14. Maiden name Georgia Morris
15. Birthplace mo. (City, town, or county) (State or foreign country)

16. (a) Informant Fred E Morris
(b) Address 1323 E-9th
17. (a) Burial (b) Date thereof Jan 14 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Liberty mo.
18. (a) Signature of funeral director Mrs. C. R. Foster
(b) Address 914 Brooklyn
19. (a) Jan 14 1944 (b) J. B. Brown (Registrar's signature)

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) (Means of injury)
23. Signature Dr. E. Upsher (M. D. or other)
Address Med. Dir. Gen'l Hosp. 1-13-44 Date Signed

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

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 Jas E. Keston

Licensed Embalmer No. 1621

P. O. Address 918 Broadway
N. C. Connors

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.