V. S. No. 2
100M—2-43
Rev. 5-17-39
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 14 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23663
Registrar's No. 3159

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson.
(b) City or town Kansas City Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2405 East 9th Street.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution R.C. 1 day. (Specify whether years, months or days)
In this community 16 years.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Cass
(c) City or town Raymore, Twp.
(If outside city or town limits, write "RURAL")
(d) Street No. Rural
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Henry Deshazer.
3. (b) If veteran, name war —
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife deceased.
6. (c) Age of husband or wife if alive — years
7. Birth date of deceased June (Month) 13 (Day) 1890 (Year)
8. AGE: Years 54 Months 1 Days 11 If less than one day — hr. min.
9. Birthplace Maryville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Farmer
11. Industry or business Physically retired three years.
MOTHER FATHER
12. Name John Henry Deshazer
13. Birthplace No record. (City, town, or county) (State or foreign country)
14. Maiden name Ethel Brummett.
15. Birthplace No record. (City, town, or county) (State or foreign country)
16. (a) Informant Oral Deshazer
(b) Address 2300 Belfountaine K.C. Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 26-44 (Month) (Day) (Year)
(c) Place: burial or cremation West Union Cemetery Cleveland, Mo
18. (a) Signature of funeral director Atkinson Bros.
(b) Address Harrisonville Mo.
19. (a) 8-2-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 24 year 1944 hour 1:00 P.M.
21. I hereby certify that I attended the deceased from April 12, 1944, to July 22, 1944, that I last saw him alive on July 22, 1944, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Rectum	
Due to Jaundice + Cachexia	
Due to signs of involvement of liver.	
Other conditions Bed sores	
(Include pregnancy within 3 months of death) Metastatic carcinomas liver	
Major findings: Of operations	
Of autopsy 46 d	

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 Martin V. Robbins (M.D. or other) M.D.
Address Peculiar, Mo Date signed 7/29/44

(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~~ personally

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

working under my personal supervision.

Signed Floyd Atkinson

Licensed Embalmer No. 3920

P. O. Address Harrisonville Mo.

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.