

FILED SEP 7 1944

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 3513

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: Kansas City T.B. Hosp  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 months  
(Specify whether years, months or days)  
In this community 9 years

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. 1715 East 10th St.  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country no

3. (a) PRINT FULL NAME ALFRED DENNIE

3. (b) If veteran, name war no  
3. (c) Social Security No. 335-12-9157

4. Sex MALE 5. Color or race Colored  
6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Barbie Lee Dennie  
6. (c) Age of husband or wife if alive 20 years  
7. Birth date of deceased March 9 1922  
(Month) (Day) (Year)

8. AGE: Years 22 Months 5 Days 17  
If less than one day hr. min.

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

10. Usual occupation musician

11. Industry or business

MOTHER FATHER { 12. Name Alfred Dennie  
13. Birthplace Springfield Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Ruth Morris  
15. Birthplace Great Bend Kansas  
(City, town, or county) (State or foreign country)

16. (a) Informant Records of K.C.T.B. Hosp.

(b) Address Kansas City Mo.

17. (a) Burial (b) Date thereof 8 29 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Cem.

18. (a) Signature of funeral director Watkins Bros

(b) Address 1729 Lysia

19. (a) 8-29-44 (b) N. E. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
year 1944 hour 1:45 minute P.M.

21. I hereby certify that I attended the deceased from February 23rd 1944, to August 26, 1944  
that I last saw him alive on August 26, 1944  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary tuberculosis Duration 1 1/2 yrs

Due to Pulmonary hemorrhage

Due to

Other conditions (Include pregnancy within 3 months of death) 136'

Major findings: Of operations

Of autopsy Same as above.

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 Matthew J. Noon (M. D. or other)

Address Leeds Mo Date signed 8/27/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Jerome Manlove* .....  
Licensed Embalmer No. *3994* .....  
P. O. Address. *2503 Highland* .....

**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.**