

Registration District No. 149

Primary Registration District No. 1002

Registrars No. 4161

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: Gen. Hosp. #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-12-44-10-13-44
(Specify whether years, months or days) 27 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. 1302 Garfield
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME RAYMOND HENDON

3. (b) If veteran, name was None
3. (c) Social Security No. 494-12-8850

4. Sex Male 5. Color or race Negro
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 April 3 1894
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
50 6 10 hr. _____ min.

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

10. Usual occupation Unemployed

11. Industry or business _____

12. Name Bob Hendon
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Diley
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk

(b) Address Gen. Hosp. #2

17. (a) Burial (b) Date thereof 10/17/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Linden Cemetery

18. (a) Signature of funeral director Mathias B. B.

(b) Address 1729 Lydia

19. (a) 10-10-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13
year 1944 hour 12:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from Sept. 12
1944 to Oct. 13 1944.

that I last saw him alive on Oct. 13 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Confluent broncho pneumonia Duration _____

Due to General paresis

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

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)
e) Means of injury _____

23. Signature G. C. Tolson (M. D. or other) _____

Address Gen. Hosp. #2 600 E. 22nd Date signed 10-16-44

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

MOTHER FATHER

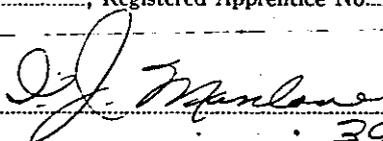
STATEMENT BY LICENSED EMBALMER

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.....



Licensed Embalmer No. 3994

P. O. Address 2503 Highlan

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.