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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 17 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1151

Registration District No. 149 — Primary Registration District No. 1002 — Registrar's No. 5396

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: Villa Serena Apartments 329 Ward Parkway
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution no. 1 (Specify whether
In this community 64 years, years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 4
(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")
(d) Street No. Villa Serena Apartments,
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country x

3. (a) PRINT FULL NAME Marshall Haddock

3. (b) If veteran, name war no.
3. (c) Social Security No. no.

4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Miranda Bell Haddock
6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased September (Month) 15 (Day) 1863 (Year)

8. AGE: Years 81 | Months 3 | Days 15 | If less than one day ___ hr. ___ min.

9. Birthplace England (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired

11. Industry or business Real Estate

FATHER
12. Name Benjamin Haddock
13. Birthplace England (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Mirla Newton
15. Birthplace England (City, town, or county) 4 (State or foreign country)

16. (a) Informant Mrs. Miranda Bell Haddock
(b) Address Villa Serena Apts., K. C., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-2-45 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director Stine & McClure,
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 12-31-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th year 1944 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Jan 1st 1929 to Dec 30 1944 that I last saw him alive on Dec. 30 1944 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis

Due to

Due to 93 d

Other conditions Pernicious anemia
(Includes pregnancy within 3 months of death)
General arteriosclerosis

Major findings:
Of operations —
Of autopsy —

Duration

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 [signature] (M. D. or other)
Address 1103 Grand Ave Date signed 1/2/45

(Licensed Embalmer's Statement on Reverse Side)

Dr. H. S. Valentine Proff Bldg

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address Kansas City 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.