. S. No. 2
00M—5-43
ev. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19522

Registration District No. JUL 11 1945 149

Primary Registration District No. 1002

Registrar's No. 2751

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~~: TRINITY LUTHERAN HOSP
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or ~~institution~~ 9 - DAYS 1 (Specify whether
In this community 31 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY 3
(If outside city or town limits, write "RURAL")

(d) Street No. 4907 COLLEGE AVENUE 8
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) ~~PRINT~~ FULL NAME MRS ALICE HADER.

3. (b) If veteran, name war No

3. (c) Social Security No. 486-07-2871

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 2 widow

6. (b) Name of husband or wife George A. Hader

6. (c) Age of husband or wife if alive ____ years

7. Birth date of deceased March (Month) 7 (Day) 1881 (Year)

8. AGE:

Years	Months	Days	If less than one day
64	3	22	____ hr. ____ min.

9. Birthplace Jewell City (City, town, or county) Kansas (State or foreign country) 1

10. Usual occupation Collector for

11. Industry or business Kansas City Public Service Co.

FATHER
12. Name Joseph Larreau
13. Birthplace Quebec (City, town, or county) Canada (State or foreign country) 2

MOTHER
14. Maiden name Rosetta Johnson
15. Birthplace New York City, (City, town, or county) New York (State or foreign country) 1

16. (a) Informant Ward B. Runyan

(b) Address Louisburg, Kans.

17. (a) entombment (Burial, cremation, or removal) (b) Date thereof 7-2-45 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Abby

18. (a) Signature of funeral director O. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD

19. (a) 6-30-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 29TH year 1945 hour 1 minute 50 A.M.

21. I hereby certify that I attended the deceased from 6-20-45, 19__, to 6-29, 1945, that I last saw her alive on 6-29-, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Acute nephritis

Due to: operation, removing portion of ascending colon

Due to: Adenocarcinoma of colon

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

Major findings:
Of operations 4/6 2

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 John H. Oneland (M. D. or ~~other~~) 0

Address 1023 Rialto Bldg Date signed 6-29-45

(Licensed Embalmer's Statement on Reverse Side)

Wralts 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 E. Oscar Northey

Licensed Embalmer No. 1767

P. O. Address Kansas City

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.