

FILED JUL 3 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2665

2665

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: LAKE SIDE HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 12 HOURS
(Specify whether
In this community 12 HOURS BORN
-years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State KANSAS (b) County WYANDOTTE
(c) City or town KANSAS CITY 999
(If outside city or town limits, write "RURAL")
(d) Street No. 641 NEBRASKA AVENUE 14
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JUNE day 21
year 1945 hour 6 minute 01 P. M.
21. I hereby certify that I attended the deceased from JUNE 21 (6:00 AM)
1945 to JUNE 21 (6:01 PM) 1945
that I last saw him alive on JUNE 21 1945
and that death occurred on the date and hour stated above.

Immediate cause of death _____
PURPURA HAEMORRHAGICA
Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death) 77-a

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME JAMES NICHOLAS MADDOX

3. (b) If veteran, name war NO 3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE 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 JUNE 21 1945
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
0 0 0 12 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business _____

12. Name JAMES WESLEY MADDOX

13. Birthplace WAKARUSA MO.
(City, town, or county) (State or foreign country)

14. Maiden name DOROTHY MAY NICELEY

15. Birthplace LITTLE ROCK ARK.
(City, town, or county) (State or foreign country)

16. (a) Informant JAMES W. MADDOX

(b) Address 641 Nebraska

17. (a) BURIAL (b) Date thereof JUNE 23 1945
(Burial, cremation, or removal) HIGHLAND PARK CEMETERY

(c) Place: burial or cremation KANSAS CITY KANSAS

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLVD.

19. (a) 6-23-45 (b) Geraldine Helms
(Date received local registrar) (Registrar's signature)

Major findings: Of operations _____
Of autopsy _____

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 Dorothy D. Fuding (M. D. or other) 100
Address 3527 BROADWAY Date signed 6-22-45

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

1838

2nd Floor Congress Bldg
3527 Broadway
1-537-7-9

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 *Elmer Hothey*

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.