S. No. 2
M—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 13455

FILED MAY 6 1946

Registrar's District No. _____ Primary Registration District No. 3026 Registrar's No. 149

1. PLACE OF DEATH:
(a) County JACKSON
(b) City or town INDEPENDENCE
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: INDEPENDENCE SANITARIUM & HOSPITAL 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 DAYS (Specify whether years, months or days)
In this community SIX YEARS

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County JACKSON 48
(c) City or town INDEPENDENCE (RURAL) 0
(If outside city or town limits, write "RURAL")
(d) Street No. 1200 W. 27TH STREET 0
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME KENNETH D. HADER
3. (b) If veteran, name war NO
3. (c) Social Security No. 525-10-8094

4. Sex MALE 0
5. Color or race WHITE
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife LELA W. HADER
6. (c) Age of husband or wife if alive 43 years
7. Birth date of deceased 7 (Month) 13 (Day) 1904 (Year)

8. AGE: Years 41 Months 9 Days 10 If less than one day ____ hr. ____ min.

9. Birthplace ODESSA (City, town, or county) MISSOURI 0 (State or foreign country)
10. Usual occupation AUTO PARTS MANAGER
11. Industry or business JACKSON MOTORS INC.

FATHER
12. Name PAUL HADER
13. Birthplace HIGGINSVILLE (City, town, or county) MISSOURI 0 (State or foreign country)

MOTHER
14. Maiden name LUCY BROWN
15. Birthplace ODESSA (City, town, or county) MISSOURI 0 (State or foreign country)

16. (a) Informant MRS. LELA W. HADER
(b) Address 1200 W. 27TH ST. INDEPENDENCE, MO.
17. (a) REMOVAL (Burial, cremation, or removal) (b) Date thereof 4;25;46 (Month) (Day) (Year)
(c) Place: burial or cremation ODESSA, MISSOURI
18. (a) Signature of funeral director Henry W. Stahl
(b) Address 815 W. MAPLE AVE. INDEPENDENCE, MO.
19. (a) Apr. 27-1946 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 23 year 1946 hour 5 minute 23 A. M.
21. I hereby certify that I attended the deceased from 4/16, 1946 to 4/23, 1946; that I last saw him alive on 4/22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Uremia	Final
Due to: Malignant Hypertension	2 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death): Left Hydronephrosis	3 years
Major findings: Of operations: none	
Of autopsy: See above	

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 0
23. Signature Vance E. Lick M.D. (M. D. or other)
Address Independence, Mo. Date signed 4/23/46

354 (Licensed Embalmer's Statement on Reverse Side)

MAY 10 1946

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 Henry W. Stahl

Licensed Embalmer No. 3181

P. O. Address Independence

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.