. No. 2
I—5-43
5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 8 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20686

Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 35

1. PLACE OF DEATH:

(a) County Jackson (Rural Washington)

(b) City or town Kansas City
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7231 Sycamore
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 25 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 7231 Sycamore rural 0
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Austin D. Hadsell

3. (b) If veteran, name war no.

3. (c) Social Security No. no.

4. Sex male

5. Color or race white

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

6. (b) Name of husband or wife Mrs. Inez I. Hadsell

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

7. Birth date of deceased March (Month) 25 (Day) 1892 (Year)

8. AGE: Years 54 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation Attorney

11. Industry or business x

FATHER
12. Name Darwin G. Hadsell
13. Birthplace Ohio (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Cora A. Belknap
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Inez I. Hadsell

(b) Address 7231 Sycamore, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-4-46 (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) ~~6-3-46~~ (Date received local registrar) (b) Dr. Annie G. Hedges (Registrar's signature)

June 14-1946 15 6

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 1 year 1946 hour 3:20 minute A. M.

21. I hereby certify that I attended the deceased from 11-28-46, 19 , to June 1, 1946 that I last saw him alive on May 8, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma with metastasis to brain etc.

Due to

Due to

Other conditions 47c
(Include pregnancy within 3 months of death)

Major findings:
Of operations Biopsy of gland carcinoma.
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 0

23. Signature Herbert L. Mantz (M. D. or other) M.D.
Address 618 Prof Bldg Date signed 6-1-46

(Licensed Embalmer's Statement on Reverse Side)

Ray Tarrow

Dr. Mantz and Dr. Verden

Proff Bldg

12 o'clock

JUL 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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K C 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.