

S. No. 2
DM-5-43
v. 5-17-39
I X38671

13417

FILED MAY 5 1947
Registration District No. 749

Primary Registration District No. 1002

State File No. _____
Registrar's No. 1838

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:
3636 Troost /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 35 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. 3636 Troost 8
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME DR JOHN E. DRYDEN
3. (b) If veteran, name war No 3. (c) Social Security No. None
4. Sex Male 0 5. Color or race white 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Belva Dryden 6. (c) Age of husband or wife if alive emb years
7. Birth date of deceased Dec 16 1886
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 21st day April
year 1947 hour 9:30 minute A M.
21. I hereby certify that I attended the deceased from Apr 11, 1947 to Apr 21, 1947
that I last saw him alive on Apr 21, 1947
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
60 4 5 hr. min.

Immediate cause of death Cerebral hemorrhage Duration 24 hrs
Due to Generalized arteriosclerosis
Due to _____

9. Birthplace Springfield Mo 0
(City, town, or county) (State or foreign country)

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

10. Usual occupation Retired Dentist
11. Industry or business _____
12. Name James Dryden
13. Birthplace Tenn 1
(City, town, or county) (State or foreign country)
14. Maiden name Ollie Ray
15. Birthplace Missouri 0
(City, town, or county) (State or foreign country)

Major findings:
Of operations _____
Of autopsy emb
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Mrs J E Dryden
(b) Address 3636 Troost
17. (a) Burial (b) Date thereof 4/23/47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Dwight E. Wabon
(b) Address 20 West Linwood
19. (a) 4-23-47 (b) Shirley Holmes
(Date received local registrar) (Registrar's signature)

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 Joseph W. Baker (M. D. or other) _____
Address 4000 Baltimore Date signed 4/22/47

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

MOTHER FATHER

MAY 20 1997

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, city

....., Registered Apprentice No.

working under my personal supervision.

Signed Howard W. Farmer

Licensed Embalmer No. 4134

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.