

S. No. 2
-12-45
5-17-39
P I X47070

FILED JUN 30 1947

Registration District No. 177 Primary Registration District No. 1002

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
3200 Norledge St. Kansas City, Mo.
(If not in hospital or institution, write street number or location)
H.C. Conv. Home

(d) Length of stay: In hospital or institution 2 weeks
(Specify whether years, months or days)

In this community 2 weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County 999

(c) City or town Pleasanton 14
(If outside city or town limits, write "RURAL")

(d) Street No. Rural 0
(If rural, give location) 2

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

If yes, name country _____

3. (a) PRINT FULL NAME John C. Dean

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Wht.

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

6. (b) Name of husband or wife Ida Dean

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

7. Birth date of deceased Dec. 31st 1860
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>86</u>	<u>5</u>	<u>15</u>	hr. min.

9. Birthplace Ft. Tully Minn.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

MOTHER FATHER

11. Industry or business _____

12. Name Harvey Dean

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

14. Maiden name Eppie Wisby

15. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Mae Speaks

(b) Address 100 S. Bowen Indep. Mo.

17. (a) Removal (b) Date thereof 6/19/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Pleasanton, Kansas

18. (a) Signature of funeral director Roland R. Speaks

(b) Address Independence, Mo.

19. (a) 6-18-47 (b) Deraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 16
year 1947 hour 6 AM minute _____ M.

21. I hereby certify that I attended the deceased from June 6
2 1947, to June 16 1947
that I last saw him alive on June 14 1947
and that death occurred on the date and hour stated above.

Immediate cause of death 1. Uremia, chronic. Duration _____

Due to _____

Due to 1220 _____

Other conditions 1. Dered stigmatal hernia.
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations _____

Of autopsy _____

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) No.

(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)

(b) Means of injury _____

23. Signature Paul S. Speaks M. D. or other _____
Address 1025 N. 11th Bldg. K.C. Mo. Date signed 6/17/47

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.....

Stanley M. Deaton, Registered Apprentice No. *448*
working under my personal supervision.

Signed *Poland R. Roberts*
Licensed Embalmer No. *3604*
P. O. Address *Indep 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.