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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 26 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 27650

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3473

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: St. Marys Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 days (Specify whether
In this community 20 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Independence 4
(If outside city or town limits, write "RURAL")
(d) Street No. 116 S. Hedges 4
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MR. KENNETH RHINOLD GEORGE DEHN
3. (b) If veteran, name war no
3. (c) Social Security No. 486-05.5054
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Nellie Z. Dehn
6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased March 11, 1908 (Month) (Day) (Year)

8. AGE: Years 39 Months 5 Days 1 If less than one day hr. min.

9. Birthplace Taylor, N. Dakota (City, town, or county) (State or foreign country)
10. Usual occupation Welder
11. Industry or business Hoover-Lyons Const. Co.
FATHER
12. Name Wm. F. Dehn
13. Birthplace Chaffee, N. Dakota (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Cora A. Moffit
15. Birthplace Potter County, S. Dakota (City, town, or county) (State or foreign country)
16. (a) Informant Mrs. Nellie Z. Dehn
(b) Address 116 S. Hedges, Independence, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/14/47 (Month) (Day) (Year)
(c) Place: burial or cremation Mound Grove, Independence, Mo.
18. (a) Signature of funeral director Geo. C. Carson Funeral Home
(b) Address Independence, Mo.
19. (a) 8-13-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 12
year 1947 hour 7:55 minute A M.

21. I hereby certify that I attended the deceased from ..., 19..., to ..., 19...;
that I last saw h... alive on ..., 19...;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure
Due to Transection of Cord
Due to Traumatic Injury
caught in cement mixer
Other conditions (Include pregnancy within 3 months of death) Deputy Coroner
Major findings: Of operations 176-6
Of autopsy See Above 7

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) Accident 123
(b) Date of occurrence 8-8-47
(c) Where did injury occur? Kan. City Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? No (Specify type of place)
While at work? No (Means of injury) Trauma
23. Signature A. E. Upsher (M. D. or other) MD
Address 2800 Main Date signed 8/13/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

SEP 8 1948

SEP 8 1948

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 Floyd C. Carson

Licensed Embalmer No. 4199

P. O. Address Independence, Ia.

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.