S. No. 2
M—1/47
. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 13 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 41699

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5481

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: 6007 Oak Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 56 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. 6007 Oak Street 8
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME CASSIUS E. HARNDEN

3. (b) If veteran, name war World War 1

3. (c) Social Security No. 486-07-1998

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Maybelle L. Harnden

6. (c) Age of husband or wife if alive 47 years

7. Birth date of deceased February (Month) 19th (Day) 1891 (Year)

8. AGE:	Years	Months	Days	If less than one day
	56	10	9	..... hr. ..... min.

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

10. Usual occupation President

11. Industry or business Harnden Seed Company

FATHER
12. Name W. W. Harnden
13. Birthplace ..... (City, town, or county) Michigan / (State or foreign country)

MOTHER
14. Maiden name Ruth Coe
15. Birthplace ..... (City, town, or county) Michigan / (State or foreign country)

16. (a) Informant Mrs. Maybelle L. Harnden

(b) Address 6007 Oak Street

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-30-1947 (Month) (Day) (Year)

(c) Place: burial or cremation Mount Washington Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd. St. Kansas City, Mo.

19. (a) 12-29-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 28
year 1947 hour 11 minute 5 P.M.

21. I hereby certify that I attended the deceased from Aug 1, 1947 to Dec. 28, 1947
that I last saw him alive on Dec 28, 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of colon with metastasis	unk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 46	

Major findings:
Of operations Carcinoma of colon with metastasis
Of autopsy none

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) .....

(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 Adrian J Brown M. D. or other M.D.
Address 350 E. Armour Date sign 12-28-47

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

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. J. R. Freeman

Licensed Embalmer No. 2939

P. O. Address. F. O. 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.