

Registration District No. **149**

Primary Registration District No. **1002**

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: **GENERAL HOSPITAL NO. 2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **18 DAYS**
(Specify whether
In this community **7 YRS.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **MISSOURI** (b) County **JACKSON**
(c) City or town **KANSAS CITY**
(If outside city or town limits, write "RURAL")
(d) Street No. **1422 E. 13TH STREET**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **MELVIN LEE DENMON**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **MALE** 5. Color or race **NEGRO** 6. (a) Single, widowed, married, divorced **SINGLE**

6. (b) Name of husband or wife 6. (c) Age of husband or wife if alive **16** years

7. Birth date of deceased **AUGUST 16, 1940**
(Month) (Day) (Year)

8. AGE: Years **7** Months **8** Days **2** If less than one day
hr. min.

9. Birthplace **KANSAS CITY MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT SCHOOL**

11. Industry or business

12. Name **MARION C. DENMON**

13. Birthplace **RADCLIFF TEXAS**
(City, town, or county) (State or foreign country)

14. Maiden name **BERNICE BROWNING**

15. Birthplace **ST. JOSEPH MISSOURI**
(City, town, or county) (State or foreign country)

16. (a) Informant **BERNICE DENMON (MOTHER)**

(b) Address **1422 E. 13TH STREET**

17. (a) **Burial** (b) Date thereof **4/21/48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cem**

18. (a) Signature of funeral director **[Signature]**

(b) Address **1212 W. K. J. MO**

19. (a) **4-22-48** (b) **[Signature]**
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month **APRIL** day **18**,
year **1948** hour **1:** minute **30 P. M.**

21. I hereby certify that I attended the deceased from **MARCH 31, 1948** to **APRIL 18, 1948**;

that I last saw him alive on **APRIL 18, 1948**;

and that death occurred on the date and hour stated above.

Immediate cause of death **SCHMINCKE TUMOR OF RIGHT MID-FOSSA ACUTE PULMONARY CONGESTION**

Due to **malignant**

Due to

Other conditions (Include pregnancy within 3 months of death) **54h**

Major findings: Of operations

Of autopsy **SAME AS ABOVE**

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 **[Signature]** (M. D. or other) **M.D.**

Address **GENERAL HOSPITAL NO. 2** Date signed **4/21/48**

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

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 E. Sterling Miller
Licensed Embalmer No. 12120
P. O. Address K. C. M. O.

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.