

No. 300
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5-17-39
I 3905

FILED SEP 4 1948
Registration District No. **149**

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
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
903 Locust
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community 30 years
years, months or days

3. (a) PRINT FULL NAME: HARRY W. PESSENDEN

3. (b) If veteran, No name war _____

3. (c) Social Security No. None

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Maud Pessenden

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

7. Birth date of deceased: March 7 1873
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>75</u>	<u>5</u>	<u>16</u>	_____ hr. _____ min.

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

10. Usual occupation Dentist

11. Industry or business X

MOTHER FATHER

12. Name Unknown 9

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

14. Maiden name Unkn Wm 9

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

16. (a) Informant Ben Johnson

(b) Address 6136 Tracy K. C. Mo

17. (a) Removal (b) Date thereof Aug 26, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ottawa, Kansas

18. (a) Signature of funeral director Wilks Funeral Home

(b) Address 2315 Linwood K. C. 3 Mo

19. (a) 8-25-48 (b) M. S. Holme
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 9
(If outside city or town limits, write "RURAL")

(d) Street No. 903 Locust (If rural, give location) 8
No 0

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 23
year 1948 hour 11 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 Coronary Sclerosis 9 28

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) Deputy Coronor

Major findings: Of operations _____

Of autopsy History & Inspection

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) _____

(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) _____ (Means of injury)

23. Signature A. E. Upsher (M. S. Holme)
Address 2800 Main Date 8/24/48

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 Chas E. Wilks

Licensed Embalmer No. 2644

P. O. Address Ke 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.