

FILED NOV 4 1948

Registration District No. 149

Primary Registration District No. 1002

State File No.

Registrar's No. 4118

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:
401 West 57th Terrace /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether years, months or days)

In this community 50 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Raymond I DEADY

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Lula Deady

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased February 19, 1888
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60	7	20	hr. min.
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9. Birthplace Denver, Colorado
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Owner

11. Industry or business Deady Chemical Company

MOTHER FATHER

12. Name John Deady

13. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Henrietta Tetter

15. Birthplace St. Charles, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lula Deady

(b) Address 401 W. 57th Terrace, K.C., Mo.

17. (a) Burial Calvary Cemetery
(Burial, cremation, or removal)

(b) Date thereof 10-13-48
(Month) (Day) (Year)

18. (a) Signature of funeral director Melody McGilley-Eyler

(b) Address Kansas City, Missouri

19. (a) 10-11-48 (Date received local registrar)

(b) Geraldine Holmes (Registrar's signature)

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. 401 West 57th St. Terrace
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 9
year 1948 hour 12 minute 15 P. M.

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

Immediate cause of death Gun shot wound of head

Due to _____

Due to _____

Other conditions 1104 C
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: _____

Of autopsy no
History & Inspection

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) suicide

(b) Date of occurrence 10-9-48

(c) Where did injury occur? 100 feet from home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? at home

While at work? no (Specify type of place)

(e) Means of injury 410 dist gun

23. Signature James C. Walker (M. D. or other) 3

Address 1424 W. 14th St. Date signed 10-10-48

Duration _____

PHYSICIAN _____

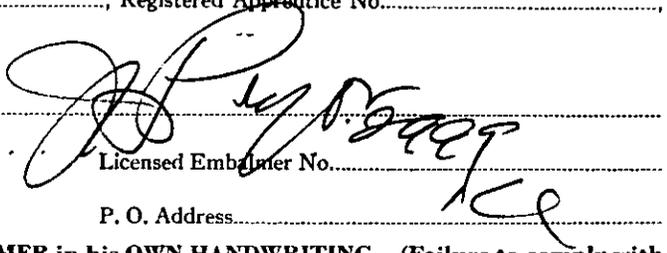
Underline the cause to which death should be charged statistically.

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.....


.....
Licensed Embalmer No.....
P. O. Address.....

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.