

3. No. 2
M-5-43
5-17-39
I X36671

FILED NOV 4 1948

Registration District No. **749**

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:
4008 Highland Avenue
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 33 years
years, months or days)

3. (a) PRINT FULL NAME Frank HADEN

3. (b) If veteran, name war no 3. (c) Social Security No. 702-05-1232

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Muriel M. Haden 6. (c) Age of husband or wife if alive 51 years
7. Birth date of deceased October 19, 1898
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
49 11 27 ..hr. ..min.

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

10. Usual occupation Car Accountant

11. Industry or business Wabash Railroad

12. Name Frank Haden

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

14. Maiden name Dora Whitmore

15. Birthplace Near Higbee, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Muriel M. Haden

(b) Address 4008 Highland Ave., K. C., Mo.

17. (a) Burial (b) Date thereof 10-18-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Blue Springs, Missouri

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

(b) Address Kansas City, Missouri

19. (a) 10-16-48 (b) Geraldine Holman
(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 **3**
(If outside city or town limits, write "RURAL") **9**
(d) Street No. 4008 Highland Avenue **0**
(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 16th
year 1948 hour 9 minute 50 P.M.

21. I hereby certify that I attended the deceased from 10/6/48
....., 19....., to....., 19.....
that I last saw him alive on 10/16 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Due to Hypertension **2yr**
Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 94a
Of autopsy.....

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 0
Signature H.C. Trippe M.D. or other
Address 1014 Argyle Date signed 10/16/48

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.....

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.