

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5309

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:
RAITAN HOTEL 9th WYANDOTTE
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1
 In this community 3 mo's
 years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Mo (b) County JACKSON
 (c) City or town KANSAS CITY
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9th WYANDOTTE
 (If rural, give location)
 (e) Citizen of foreign country? NO (Yes or No)
 If yes, name country.

3. (a) PRINT FULL NAME RODOLPH A. DENTON
 3. (b) If veteran, name war NO
 3. (c) Social Security No. -

20. DATE OF DEATH: Month 12 day 29, year 1948 hour 1 minute 15 A.M.

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

4. Sex M Color or race W
 5. Color or race W
 6. (a) Single, widowed, married, divorced MARRIED
 6. (b) Name of husband or wife MARY
 6. (c) Age of husband or wife if alive 44K years
 7. Birth date of deceased: (Month) 11 (Day) 8 (Year) 1920

Immediate cause of death: Gunshot Wound of Head -
 Duration _____

8. AGE: Years 28 Months 1 Days 21 If less than one day _____ hr. _____ min.

Due to _____
 Due to _____

9. Birthplace RICHMOND MO
 (City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 5 months of death) 164C

10. Usual occupation CAB DRIVER
 11. Industry or business JOHNSON CAB CO

Major findings: Reputy Coroner
 Of operations _____

12. Name ROY DENTON

Of autopsy History
 Underline the cause to which death should be charged statistically.

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

14. Maiden name EMMA DAVIS

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

16. (a) Informant ROY DENTON
 (b) Address RICHMOND MO

17. (a) Removal (b) Date thereof 12-29-48
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation RICHMOND MO

18. (a) Signature of funeral director J.P. SIEGEL
 (b) Address 11. C. MO

22. If death was due to external causes, fill in the following:
 (a) Accident, suicide, or homicide (specify) Suicide
 (b) Date of occurrence 12/29/48
 (c) Where did injury occur? Kansas City, Mo
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
A. E. Upsher

While at work? NO (Specify type of place) Means of injury Gunshot

23. Signature A. E. Upsher (M. D. or other)
 Address 2800 Main Date 12/29/48

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

MOTHER FATHER

1918 NEFF

JAN 18 1949

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. P. Speil
Licensed Embalmer No. 3625
P. O. Address 15. C. W.

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.