

BIRTH NO. D 77766-53 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 102

1. PLACE OF DEATH
a. COUNTY JACKSON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY JACKSON

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY c. LENGTH OF STAY (in this place) 2 mo.

c. CITY OR TOWN KANSAS CITY d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION Children's Mercy Hospital

X. STREET ADDRESS (If rural, give location) Rural Route # 6 2001

3. NAME OF DECEASED (Type or Print)
a. (First) DENNIS b. (Middle) Wayne c. (Last) INMAN

4. DATE OF DEATH (Month) (Day) (Year)
1 8 56

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 10-20-55

9. AGE (In years last birthday) IF UNDER 1 YEAR: Months 0 Day 2 IF UNDER 14 HRS. Hours 18 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Eddie Farmer

13b. MOTHER'S MAIDEN NAME Alice Bittle

14. NAME OF HUSBAND OR WIFE -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

16. SOCIAL SECURITY NO. -

17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Eddie INMAN Route # 6

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diarrhea
ANTECEDENT CAUSES
DUE TO (b) cause unknown
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary & Hepatic Congestion

INTERVAL BETWEEN ONSET AND DEATH
57 1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-7, 1955, to 1-8, 1956, that I last saw the deceased alive on 1-8, 1956, and that death occurred at 6:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE Wayne Hart (Degree or title) MD

23b. ADDRESS Children's Mercy Hosp

23c. DATE SIGNED 1-8-56

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE 1-10-56

24c. NAME OF CEMETERY OR CREMATORY McGrove Cem.

24d. LOCATION (City, town, or county) (State) Independence Mo

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE 1-9-56 Neva Minshall

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Th. B. Carson Independence Mo.

WRITE PLAINLY—USING 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, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *J. H. Gibson*.....

Licensed Embalmer No. *4871*

P. O. Address *Indep. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.