

KILLED NOV 13 1941

Registration District No. _____

Primary Registration District No. **1002**

1. PLACE OF DEATH

(a) County **Jackson**
(b) City or town **J.C.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **8th between Campbell's Harrison**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community **40 yrs 3** years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo. r. c.** (b) County **Jackson**
(c) City or town **042**
(If outside city or town limits, write "RURAL")
(d) Street No. **916 E 8th** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country **D**

3. (a) PRINT FULL NAME **Joseph Dedier**

3. (b) If veteran, name war _____ 3. (c) Social Security No. **No**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Mattie** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **July 10 1862**
(Month) (Day) (Year)

8. AGE: Years **79** Months **2** Days **19** If less than one day _____ hr. _____ min.

9. Birthplace **Low - Most**
(City, town, or county) (State or foreign country)

10. Usual occupation **City employee**

11. Industry or business _____

MOTHER FATHER { 12. Name **Unknown**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Mrs. Mattie Dedier**

(b) Address **2512 E 27th**

17. (a) **Burial Greenwood 19/6/41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **Sebbeto - T. Corolla**

(b) Address **901 E 5th**

19. (a) **10/5/41** (Date received local registrar) (b) **M. M. Brown** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **9**, day **29**, year **41**
hour _____ minute **8:25** AM

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

Immediate cause of death _____ Duration _____

Fracture of the Skull

Due to **Street Car T. rammer**

Due to _____

Other conditions (Include pregnancy within 3 months of death) **11/10**

Major findings: Of operations **17/10-31**

Of autopsy **31**

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) **Accident**

(b) Date of occurrence **9-29-41**

(c) Where did injury occur? **KC Jackson** (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Street**
(Specify type of place) (e) Means of injury **Missy Putan**

While at work? _____

23. Signature **Russell Jensen** (M. D. or other) **3**

Address **KC Mo.** Date signed _____

WRITE PLAINLY—USE 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 _____, Registered Apprentice No. _____ working under my personal supervision.

Signed

Ray E. Snow

Licensed Embalmer No. 2560

P. O. Address 1807 E 29th

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.