

**FILED DEC 22 1944**

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. \_\_\_\_\_

**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:  
419 Maple Boulevard  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 36 years  
years, months or days)

**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. 419 Maple Boulevard  
(If rural, give location)  
 (e) Citizen of foreign country? no (Yes or No)  
 If yes, name country \_\_\_\_\_

**3. (a) PRINT FULL NAME** Glen Albert DeHority  
**3. (b) If veteran,** name war World War I  
**3. (c) Social Security No.** 494-12-8539

**MEDICAL CERTIFICATION**  
**20. DATE OF DEATH:** Month December day 15th  
 year 1944 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

**4. Sex** male **5. Color or race** white  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** Mrs. Mary Frances DeHority  
**6. (c) Age of husband or wife if alive** unkr years

**21. I hereby certify that I attended the deceased from** Dec. 6  
1944 to Dec. 11 1944  
 that I last saw him live on Dec. 11 1944  
 and that death occurred on the date and hour stated above.

**7. Birth date of deceased:** February 9th 1884  
(Month) (Day) (Year)

Immediate cause of death: Angina pectoris  
Due to a myocardial infarction  
chronic.  
 Duration 5da  
1 yr.

**8. AGE:** Years 60 Months 10 Days 2  
 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

**9. Birthplace** Elmwood Indiana  
(City, town, or county) (State or foreign country)  
**10. Usual occupation** Accountant  
**11. Industry or business** Lake City Ordnance  
**MOTHER FATHER**  
**12. Name** James M. De Hority  
**13. Birthplace** Unknown  
(City, town, or county) (State or foreign country)  
**14. Maiden name** Elizabeth Jane Hunter  
**15. Birthplace** Unknown  
(City, town, or county) (State or foreign country)

Major findings: 93 d.  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
**PHYSICIAN**  
 Underline the cause to which death should be charged statistically.

**16. (a) Informant** Mrs. Mary Frances DeHority  
**(b) Address** 419 Maple Boulevard  
**17. (a) Cremation** Cremation **(b) Date thereof** 12-13-44  
(Burial, cremation, or removal) (Month) (Day) (Year)  
**(c) Place: burial or cremation** Elmwood  
**18. (a) Signature of funeral director** Freeman Mortuary  
**(b) Address** Kansas City, Mo.  
**19. (a) 12-12-44** **(b) P. E. Brown**  
(Date received local registrar) (Registrar's signature)

**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?** \_\_\_\_\_  
(Specify type of place)  
 While at work? \_\_\_\_\_ **(e) Means of injury** ?  
**23. Signature** Clyde Switzer **(M. D. or other)**  
**Address** 636 Atchafalca **Date signed** 12/12-44

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

5697

Ala Clyde Switzer  
Angle 1-5

JAN 6 1945

**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.**