

FILED MAR 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 8676

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1227

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:
2309 East 19th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Years
(Specify whether 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. 2309 East 19th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Guy A. Draden

3. (b) If veteran, name war No 3. (c) Social Security No. 488-14-7613

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Ethel Draden 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased June 23, 1887
(Month) (Day) (Year)

8. AGE: Years 60 Months 8 Days 22 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name John Draden

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

14. Maiden name Mary Evans

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

16. (a) Informant Ethel Draden

(b) Address 2309 E. 19th st.

17. (a) Burial (b) Date thereof 3/20/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Thelma B. ...

(b) Address 1729 Lydia Ave.

19. (a) 3-18-48 (b) Thelma B. ...
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 15th
year 1948 hour 7 minute 30P M.

21. I hereby certify that I attended the deceased from march
15 only, 19 48 to _____, 19 _____;

that I last saw him alive on march 15, 19 48;

and that death occurred on the date and hour stated above.

Immediate cause of death respiratory failure Duration _____

Due to bronchial pneumonia 7 days

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings:

Of operations _____

Of autopsy _____

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) _____

(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 st

23. Signature E. F. Walls (M. D. or other) 190

Address 3615 Anderson Pl. ... Date signed 3-19-48

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

48
3
8

*Dr. Wall's
met Clinic*

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 Jerome Manlove*

Licensed Embalmer No. *3997*

P. O. Address. *2503 Highland*

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.