

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **29718**
3684
Registrar's No.

FILED SEP 18 1948
Registration District No. **149**

Primary Registration District No. **1002**

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

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: 216 E 10th
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 45 yrs (Specify whether years, months or days)

In this community _____

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. 417 E 10th
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Harry Dean

3. (b) If veteran, name war x no

3. (c) Social Security No. Unknown

4. Sex M 5. Color or race W

6. (a) Single, widowed, married, divorced 2

6. (b) Name of husband or wife Luba

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased unknown
(Month) (Day) (Year)

8. AGE: Years Approx 75 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Taylor

11. Industry or business _____

MOTHER FATHER

12. Name Unknown 9

13. Birthplace " 1
(City, town, or county) (State or foreign country)

14. Maiden name Unknown 9

15. Birthplace " 9
(City, town, or county) (State or foreign country)

16. (a) Informant Ben H. Dean

(b) Address K.C. MO

17. (a) Burial (b) Date thereof 9-9-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sheffield

18. (a) Signature of funeral director J.P. Louis Funeral Home

(b) Address K.C. MO

19. (a) 9-9-48 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 8
year 1948 hour 8:40 minute 9 M.

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

Immediate cause of death Coronary sclerosis

Due to arteriosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Due to _____

Major findings: 93d

Of operations _____

Of autopsy History of angina

Duration _____

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 Car

23. Signature Geraldine Holmes (M. D. or other) _____
Address 1924 W. My Date signed 9-8-48

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 Guy Buffington
Licensed Embalmer No. 2756
P. O. Address K.C. 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 this body is not embalmed, fact should be so stated above.