

**FILED JAN 26 1945**

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

Primary Registration District No. **1002**

**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: **GENERAL Hosp.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **5 days**  
(Specify whether years, months or days)  
 In this community **unknown**

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **MO** (b) County **JACKSON**  
 (c) City or town **KANSAS CITY MO.**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1429 HOLMES**  
(If rural, give location)  
 (e) Citizen of foreign country? **no** (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **ARTHUR STEVENS HAPPY**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **none**

4. Sex **MO** 5. Color or race **W** 6. (a) Single, widowed, married, divorced  
 6. (b) Name of husband or wife **HATTIE E. HAPPY** 6. (c) Age of husband or wife if alive **58** years  
 7. Birth date of deceased **FEBRUARY 25 1871**  
(Month) (Day) (Year)

8. AGE: Years **73** Months **10** Days **13** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **CAMPDEN** **MO.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name **HARVEY HAPPY**  
 13. Birthplace **COVERLAND KY, I**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **JANE ROSELL**  
 15. Birthplace **COVERLAND KY, I**  
(City, town, or county) (State or foreign country)

16. (a) Informant **HATTIE E. HAPPY**  
 (b) Address **1429 HOLMES - KANSAS CITY MO.**

17. (a) **BURIAL** (b) Date thereof **JAN. 16 - 1945**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation **SOUTH POINT Cem.**

18. (a) Signature of funeral director **[Signature]**  
 (b) Address **Richmond mo.**

19. (a) **1-28-45** (b) **T. E. Brown**  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **Jan** day **8**  
 year **1945** hour **3** minute **10 P.** M.

21. I hereby certify that I attended the deceased from **Jan. 4** 19**45** to **Jan. 8** 19**45**  
 that I last saw him alive on **Jan. 8** 19**45**  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Carcinoma of bladder**

Due to \_\_\_\_\_

Due to **528**

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_  
 Of autopsy **None**

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? **A. E. Upsher** (Specify type of place) \_\_\_\_\_  
 Means of injury \_\_\_\_\_

23. Signature **A. E. Upsher** (M. D. or \_\_\_\_\_)  
 Address **Med. Dir. Gen'l Hosp.** Date signed **1-8-45**

Duration \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

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

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**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. M. H. H. H. H. H.*

Licensed Embalmer No. *2073*

P. O. Address. *Richmond Ave.*

**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.**