

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

9755
Do not use this space.

1. PLACE OF DEATH **REC'D APR 23 1938**
 (a) County Jackson Registration District No. 330
 (b) Township Blue Primary Registration District No. 1002
 (c) City Kansas City Mo (d) Street No. R. C. Tuberculosis Hosp, Leeds, Mo. Registered No. 1220
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 10 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME MRS. HAZEL HAYNES 5-9-0
 (a) Residence, No. 2514-Charlotte St St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Stanley Haynes
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 31, 1899
 7. AGE YEARS 38 MONTHS 11 DAYS 15 IF LESS than 1 day, hrs. or min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Minnesota
 13. NAME John Gardner 5
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana 1
 15. MAIDEN NAME Margaret Chambers
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn.
 17. INFORMANT (ADDRESS) R. C. M. V. B. Hospital, Leeds, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Greenlawn DATE 3/ 18/38
 19. FUNERAL DIRECTOR (ADDRESS) Melody-McGilley, K. C. Mo.
 20. FILED 3-18-38 M. M. Crowe, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1938
 22. I HEREBY CERTIFY, That I attended deceased from May 5, 1936, to March 16, 1938
 I last saw her alive on March 16, 1938. Death is said to have occurred on the date stated above, at 7:30 A.M.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis
1935
 Date of onset
23
 Other contributory causes of importance:
 Name of operation X-ray + Sputum Date of
 What test confirmed diagnosis? Was there an autopsy? No.
 23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury, 19
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.
 Manner of injury
 Nature of injury
 24. Was disease or injury in any way related to occupation of deceased?
 If so, specify
 (Signed) [Signature] (Address) Kansas City, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

1 X12004

STATEMENT BY LICENSED EMBALMER

I, John H. Ryan, Licensed Embalmer No. 2999
hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed John H. Ryan
Licensed Embalmer No. 2999

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.)