

APR 12 1940

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
In this community 40 years, months or days (Specify whether)

3. (a) PRINT FULL NAME Maurice HANEY 570

3. (b) If veteran, name war No 3. (c) Social Security No. No

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

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

7. Birth date of deceased October 5th, 1899
(Month) (Day) (Year)

| | | | | |
|---------|-----------|----------|-----------|----------------------|
| 8. AGE: | Years | Months | Days | If less than one day |
| | <u>40</u> | <u>4</u> | <u>28</u> | hr. min. |

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

10. Usual occupation Owner of Dry Cleaning Plant.

11. Industry or business _____

MOTHER FATHER { 12. Name A. Haney, Sr.

18. Birthplace DuBuque Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Mary Quintan

15. Birthplace Des Moines Iowa
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature A. Haas Jr.
(b) Address 2638 Victor, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3/5/40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Melody - McGilley
(b) Address K. C. Mo.

19. (a) Mar 7, 1940 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

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. 904 East 39th
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3/6 day 1940
year _____ hour 3:45 minute _____ P. M.

21. I hereby certify that I attended the deceased from 1/27 1940 to 3/6 1940
that I last saw him alive on 3/6 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Acute cardiac failure (left ventricular)
Due to Chronic sclerotic subarteriosclerosis
Acute pulmonary infarct

Due to _____
Other conditions (Include pregnancy within 3 months of death) 92 IU

PHYSICIAN
Major findings: Of operations _____
Of autopsy as above
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 _____
23. Signature [Signature] (M. D. or other) MD
Address 1107 Bryant Bldg Date signed 3/6/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

Haney

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, above space should be left blank.