

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

9511

State File No.

920

Registrar's No.

Registration District No. 399

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: K.C. General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 days
(Specify whether years, months or days)
In this community 30 years

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. 3409 Bales
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME HAZEL LINSLEY

3. (b) If veteran, name war none 3. (c) Social Security No. 486102279

4. Sex Femal 5. Color or race White 6. (a) Single, widowed, married, divorced, Married
6. (b) Name of husband or wife Harry P. Linsley 6. (c) Age of husband or wife if alive 48 years
7. Birth date of deceased Aug. 10 1894
(Month) (Day) (Year)

8. AGE: Years 46 Months 6 Days 23 If less than one day hr. min.

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

10. Usual occupation Housewife and chocolate dipper for Donaldson Candy Co.

11. Industry or business Martin Welton

12. Name Martin Welton
13. Birthplace Iowa
(City, town, or county) (State or foreign country)

14. Maiden name Ellen True
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Harry P Linsley

(b) Address 3409 Bales

17. (a) Burial (b) Date thereof March 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Moriah Cem.

18. (a) Signature of funeral director Mrs C.L. Forster

(b) Address 918 Brooklyn

19. (a) Mar 5-4 (b) M.M. Craive
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 3rd
year 1941 hour 4 minute 10 P. M.

21. I hereby certify that I attended the deceased from 2-20-41 to 3-3-41
that I last saw her alive on March 3rd, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hepar lobatum; Jaundice

Due to 2-23-41
Due to 1-25-41

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

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) Means of injury C

23. Signature Amey R. Shon (M. D. or other)
Address Med. Dir. K.C. Gen. Hospital Date signed

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

02 30 8

C

APR 6 1948

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

Gerald I. Wade

Licensed Embalmer No. *4772*

P. O. Address *R. 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.