No. 2
4-13-40
3-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 15 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9645 1054

Registration District No. 399 | Primary Registration District No. 1002 | Registrar's No.

48 5 8

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: Convalescent Home-3660 Summit Street (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 weeks (Specify whether years, months or days)
In this community 63 yrs 4

2. USUAL RESIDENCE OF DECEASED: 48 3 8
(a) State Missouri (b) County Jackson
(c) City or town Kansas City (If outside city or town limits, write "RURAL")
(d) Street No. 3660 Summit Street 0 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 86 years.

3. (a) PRINT FULL NAME Mrs. Elizabeth Hayter
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Wm Hayter
6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased October (Month) 12 (Day) 1849 (Year)
8. AGE: Years 91 Months 4 Days 29 If less than one day hr. min.
9. Birthplace Berlin (City, town, or county) Germany 4 (State or foreign country)
10. Usual occupation At Home
11. Industry or business ---

MOTHER FATHER
12. Name Wm Bowers
13. Birthplace Erick (City, town, or county) Ger 4 (State or foreign country)
14. Maiden name Leah
15. Birthplace (City, town, or county) Ger 4 (State or foreign country)

16. (a) Informant Mr. Charles W. Lewellyn
(b) Address 5535 Woodland Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar. 15, 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Union Cemetery
18. (a) Signature of funeral director D. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 3/14/41 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 11th year 1941 hour 7 minute 20 A. M.
21. I hereby certify that I attended the deceased from Jan 13 - 1941, 19 41, to March 6th, 19 41; that I last saw her alive on Mar 6th, 19 41, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Arteriolar Sclerosis
Due to General Arteriosclerosis
Due to ?
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations None
Of autopsy None

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

23. Signature R. W. Sharp MD (M. D. or other)
Address 1713 E-55th St Date signed 3/11-41

(Licensed Embalmer's Statement on Reverse Side)

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

1113 East 55th street
9-7

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.