

No. 2  
-1-4-41  
5-17-39  
K26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

FILED JUN 10 1941 MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 17412  
2074  
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:  
Research Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 days  
(Specify whether  
In this community 7 yrs  
years, months or days)

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. 2018 E 42nd St.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Mary Elizabeth Hayward

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

4. Sex Fem 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Charles Hayward 6. (c) Age of husband or wife if alive 30 years  
7. Birth date of deceased 3 9 1914  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
27 2 17 hr. min.

9. Birthplace St. Joseph Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business XX

MOTHER FATHER { 12. Name Herbert Pyle  
13. Birthplace Savannah Mo  
(City, town, or county) (State or foreign country)  
14. Maiden name Octavia Cann  
15. Birthplace Savannah Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Hayward  
(b) Address 2018 E 42nd St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/28/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill - K. C. Mo.

18. (a) Signature of funeral director John D. Shail  
(b) Address 6606 Indep. Ave., K. C. Mo

19. (a) May 27 1941 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26  
year 1941 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Oct 16, 1940, to May 26, 1941;  
that I last saw her alive on May 26, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Peritonitis  
Due to following Cesarean Section

Due to 1490  
Other conditions (Include pregnancy within 3 months of death)  
1490

Major findings: Of operations 1490  
Of autopsy none permitted.

Duration  
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 0  
23. Signature Don Carl Guffy (M. D. or other)  
Address 717 Professional Bldg Date signed 5/27/41

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

*Handwritten notes and scribbles at the top of the page, including the number '3625'.*

**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 *John P. Heil*  
Licensed Embalmer No. *3625*  
P. O. Address *Keuss City, 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.**