

FILED SEP 17 1941

Registrar's No. **3136**

Registration District No. **397**

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:
1614 E. 26 Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
Over Five Years (Specify whether 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. **1614 E. 26 Street**
(If rural, give location) **NO.**
(e) Citizen of foreign country? (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **14**
year **1941** hour **6** minute **10 P.M.**
21. I hereby certify that I attended the deceased from **May 10** 1941 to **Aug 14** 1941
that I last saw her alive on **Aug 10** 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: **Arteriosclerosis**
Pernicious Anemia

Due to: **Arteriosclerosis**
Pernicious Anemia

Other conditions: **None**
Major findings: **None**
Of operations: **None**
Of autopsy: **None**

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
23. Signature **Raman H. Richardson** or other
Address **1832 Pine** Date signed **8-18-41**

3. (a) PRINT FULL NAME **Easter Blane Hayalett**

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

4. Sex **Female** 5. Color or race **Negro** 6. (a) Single, widowed, married, divorced **Widow**

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

7. Birth date of deceased **April 16 - 1843**
(Month) (Day) (Year)

8. AGE: Years **98** Months **3** Days **29**
If less than one day hr. min.

9. Birthplace **Macon Tenn.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Unemployed**

11. Industry or business

12. Name **Sam Blane**

13. Birthplace **Dont Know**
(City, town, or county) (State or foreign country)

14. Maiden name **Dont Know**

15. Birthplace **It It**
(City, town, or county) (State or foreign country)

16. (a) Informant **Amy Davis**

(b) Address **Walt: E 26 St.**

17. (a) **Removal** (b) Date thereof **8-19-41**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Oakland Cem.**

18. (a) Signature of funeral director **W. C. Appleton**

(b) Address **1914 W. M. in Browne**

19. (a) (Date received local registrar) (b) (Registrar's signature)

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

8030

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.....

working under my personal supervision.

....., Registered Apprentice No.....

Signed.....

O. J. West

Licensed Embalmer No.....

2510

P. O. Address.....

K. 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.