

Registration District No. 397

Primary Registration District No. 1002

Registrar's No.

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 17 days (Specify whether years, months or days)
In this community 50 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. 3038 Brooklyn (If rural, give location)
(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 8th
year 1941 hour 4 minute 45 A.M.
21. I hereby certify that I attended the deceased from Jan 17
1938 to Sept 8 1941
that I last saw her alive on Sept 7 1941
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocardial failure Swollen

Due to: Ventricular tachycardia 3 wks

Due to: Coronary atherosclerosis and myocardial fibrosis
Other conditions: Pernicious anemia
(Include pregnancy within 3 months of death)

Major findings: 938
Of operations: 927
Of autopsy: Same as above

Duration
Swollen
3 wks
PHYSICIAN
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME MRS. IONE HAEFNER

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 Frank J. Haefner 6. (c) Age of husband or wife if alive 14 years

7. Birth date of deceased June 14 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 2 Days 24 If less than one day: hr. min.

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

10. Usual occupation At Home

11. Industry or business

12. Name James W. Prather

13. Birthplace No Record
(City, town, or county) (State or foreign country)

14. Maiden name Adeline Pearson

15. Birthplace No Record
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Loretto King

(b) Address 3118 Paseo

17. (a) Burial (b) Date thereof 9-10-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director F. W. Wagner

(b) Address J. F. C. Co. Mo.

19. (a) 9/9/41 (b) M. M. Cronin
(Date received local registrar) (Registrar's signature)

22. If death was due to external causes, fill in the following: no

(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 E. Ross Kye (M. D. or other) 0
Address 210 Prof Bldg Date signed 9-8-41

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

Print 108.
1 To 3:30
After 05550

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 Alvin R. Haenschell

Licensed Embalmer No. 4159

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.