o. 2
-4-41
7-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 13 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30623

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 3379

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: Gen'l Hosp. No. 20 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether

In this community About 21 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town Kansas City (If outside city or town limits, write "RURAL")

(d) Street No. 1414 Woodland (If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Dorothy Mahan Haynes

3. (b) If veteran, name war —

3. (c) Social Security No. 493-12-6344

4. Sex Fe 3

5. Color or race Col

6. (a) Single, widowed, married, divorced Div. 3

6. (b) Name of husband or wife Unknown

6. (c) Age of husband or wife if alive — years

7. Birth date of deceased July (Month) 7 (Day) 1910 (Year)

8. AGE: Years 31 Months 1 Days 29 If less than one day ..... hr. ..... min.

9. Birthplace Humnoke (City, town, or county) / Ark. (State or foreign country)

10. Usual occupation Maid

11. Industry or business .....

FATHER
12. Name Ed Haynes
13. Birthplace Humnoke (City, town, or county) / Ark (State or foreign country)

MOTHER
14. Maiden name Josephine Hogan
15. Birthplace Duvall Bluff (City, town, or county) / Ark. (State or foreign country)

16. (a) Informant Estella Allen

(b) Address 1327 E. 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-11-1941 (Month) (Day) (Year)

(c) Place: burial or cremation Highland

18. (a) Signature of funeral director Adkins Bros.

(b) Address 2000 E. 12th K.C. Mo.

19. (a) 9/10/41 (Date received local registrar) (b) M. J. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 6th year 1941 hour 1 minute 4:30 A. M.

21. I hereby certify that I attended the deceased from ..... to ..... 19....; that I last saw b... alive on ..... 19....; and that death occurred on the date and hour stated above.

Immediate cause of death ..... Duration

Due to Acute pulmonary edema and

Due to Congestion

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations .....
Of autopsy .....

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? (Specify type of place)

While at work? (e) Means of injury .....

23. Signature [signature] (M. D. or other) 3

Address K.C. Mo. Date signed .....

(Licensed Embalmer's Statement on Reverse Side)

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. Edwd G Evans

Licensed Embalmer No. 3836

P. O. Address.....

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

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