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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS

OCT 13 1941

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 30638

Registration District No. 397

Primary Registration District No. 1002

Registrar's No. 3394

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town Kansas City, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
2923 Harrison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution.....  
In this community 2 Years  
years, months or days (Specify whether

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. 2923 Harrison  
(If rural, give location)  
(e) Citizen of foreign country? J (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME

Hazel Harriot Deaver

3. (b) If veteran,

name war None

3. (c) Social Security

No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Oral O. Deaver  
6. (c) Age of husband or wife if alive 47 years  
7. Birth date of deceased February 15 1898  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
43 6 24 hr. min.

9. Birthplace Jewel County Kansas  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.....

12. Name Lawrence Elery Cortner  
13. Birthplace Atchison County Missouri  
(City, town, or county) (State or foreign country)  
14. Maiden name Amyra Kelly  
15. Birthplace 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Oral O. Deaver  
(b) Address 2923 Harrison

17. (a) Burial (b) Date thereof 9-12-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Humansville, Missouri

18. (a) Signature of funeral director Mrs. C.L. Forster  
(b) Address Kansas City, Mo.

19. (a) 9/11/41 (b) M. M. Crow  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September Day 9th.  
year 1941 hour 6 minute 15 A. M.  
21. I hereby certify that I attended the deceased from May 10 1939  
1939 to Sept 9th 1941;  
that I last saw h.er alive on Sept 1 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Malignant hypertension

Due to.....  
Due to.....  
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?  
While at work?..... (Specify type of place) (e) Means of injury.....  
23. Signature D. M. Wheeler (M. D. or other) D  
Address 1500 Prof. Bldg Date signed 9-11-41

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

MOTHER FATHER

Me-1149  
11/16/19  
[Signature]

**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 me  
....., Registered Apprentice No. ....  
working under my personal supervision.

Signed [Signature]  
Licensed Embalmer No. 4179  
P. O. Address K. E. [Signature]

**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.**