

S. No. 2
A-1-4-41
7. 5-17-39
P-1 X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **30793**
3550
Registrar's No. _____

FILED OCT 13 1941

Registration District No. **395**

Primary Registration District No. **1002**

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

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 1
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 9 days
(Specify whether Since 1920) (Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson **48**
 (c) City or town Kansas City **30**
(If outside city or town limits, write "RURAL")
 (d) Street No. Montrose Hotel 40th & Main **D**
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Miss Carolyn Elinor Haines
 (b) If veteran, name war No
 (c) Social Security No. No

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Sept day 21
 year 1941 hour 1 minute 25 P.M.
 21. I hereby certify that I attended the deceased from Jan 30 1941 to Sept 21 1941
 that I last saw her alive on Sept 21 1941
 and that death occurred on the date and hour stated above.

4. Sex Fe 1 5. Color or race Wh
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____
 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death
Carcinoma of Cervix
Metastasis in pelvis
Coecchia
 Duration 2 yrs. 1 yr.

7. Birth date of deceased August 19 1874
(Month) (Day) (Year)
 8. AGE: Years Months Days If less than one day
67 1 2 _____ hr. _____ min.

Due to _____
 Due to _____
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Ca Cervix 490
 Of operations _____
 Of autopsy _____

9. Birthplace Marion, Ohio 1
(City, town, or county) (State or foreign country)
 10. Usual occupation Piano Instructor

11. Industry or business _____
 12. Name Monroe W. Haines
 13. Birthplace Ohio 1
(City, town, or county) (State or foreign country)
 14. Maiden name Mary Margaret Meyer
 15. Birthplace Baltimore, Md. 1
(City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Juanita Forgery
 (b) Address 4036 Locust
 17. (a) Burial (b) Date thereof Sept. 24, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Floral Hills Cem.

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 _____

18. (a) Signature of funeral director J. W. Wagner
 (b) Address Kansas City Mo.
 19. (a) 9/23/41 (b) M. M. Crown
(Date received local registrar) (Registrar's signature)

23. Signature Rip Roberson (M. D. or other) **11**
 Address 958 Empress Bldg Date signed 9-22-41

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 C. R. Haunschild
Licensed Embalmer No. 4159
P. O. Address Kansas 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.