

Registration District No. 379

Primary Registration District No. 1002

Registrar's No. 3720

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: General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9-2-41-9-22-41
(Specify whether
In this community 18 Yes. 0
years, months or days)

3. (a) PRINT FULL NAME IDA HAYNES

3. (b) If veteran, name war No 3. (c) Social Security No. No

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 about 1854
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-----------|-----------|-----------|----------------------|
| | <u>87</u> | <u>--</u> | <u>--</u> | <u>hr. min.</u> |

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER { 12. Name Andy Mitchell
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Removal (b) Date thereof 10-7-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Western Dental College

18. (a) Signature of funeral director W. H. Crow

(b) Address 1819 E. 5th St. KC Mo.

19. (a) 10/6/41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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. 1705 Wabash
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22
year 1941 hour 12 minute 50 p.m.

21. I hereby certify that I attended the deceased from September 2, 1941 to September 22, 1941
that I last saw her alive on September 22, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Hypostatic bronco-pneumonia with cerebral artero-sclerosis

Due to Diabetic mellitus

Due to II

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 61
Of autopsy

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 A. O. Brown (M. D. or other)
Address Gen. Hosp #2-600 E. 22nd Date signed 9-23-41

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

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

Edward J. Evans

14-1-01 Licensed Embalmer No. *3836*

P. O. Address *514 E. 15th St. N. W. 22*

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.