

FILED FEB 11 1942

State File No.

408

Registration District No. 399

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:
1024 Penn /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 0
(d) Street No. 1024 Penn
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME MRS JOSEPHINE HAYS

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 3 Divorced
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive 2 1/2 years
7. Birth date of deceased Jan 17 1884
(Month) (Day) (Year)

8. AGE: Years 58 Months 0 Days 11 If less than one day hr. min.

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

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name George Miller
13. Birthplace Berlin Germany (City, town, or county) (State or foreign country)
14. Maiden name Katherine Holly
15. Birthplace Ireland (City, town, or county) (State or foreign country)

16. (a) Informant Bob Hays
(b) Address 3018 Tracy
17. (a) Burial (b) Date thereof Jan 30 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. Marys Cemetery

18. (a) Signature of funeral director Mark Robin Co
(b) Address 20 West Linwood
19. (a) 1/29/42 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 28th day Jan
year 1942 hour 5:10 minute A M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____
that I last saw him/her alive on _____ 19____
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

Acute Pulmonary Edema
Chronic Fibrous Myocarditis
Due to _____
Due to _____

Other conditions _____ (Include pregnancy within 5 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 Russell W. ... (M. D. or other)
Address KC Mo Date signed _____

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
John J. Bouray Registered Apprentice No. *307*
working under my personal supervision.

Signed

Harold Perry
Licensed Embalmer No. *4097*

P. O. Address.....

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.