No. 2
4-13-40
5-17-39
I X23159

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 9 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5365

Registration District No. 399 Primary Registration District No. 1602 Registrar's No. 617

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
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community: 17 yrs

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.: 2613 Lister
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: IVA MAE HANEY
3. (b) If veteran, name war: No
3. (c) Social Security No. 487 26 8206
4. Sex: Femal
5. Color or race: White
6. (a) Single, widowed, married, divorced: Single
6. (b) Name of husband or wife:
6. (c) Age of husband or wife if alive years
7. Birth date of deceased: Mar 5 1924 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
17	11	6	hr. min.

9. Birthplace: Kansas City Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Cashier & Asst. Bookkeeper
11. Industry or business: Commercial Credit Co.

FATHER
12. Name: John R. Haney
13. Birthplace: Kansas City Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Iva V Vials
15. Birthplace: New York (City, town, or county) (State or foreign country)

16. (a) Informant: Iva V. Haney
(b) Address: 2613 Lister
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Feb 13 1942 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt Moriah Cem.
18. (a) Signature of funeral director: Mrs C.L.Forster
(b) Address: 918 Brooklyn
19. (a) 2/12/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day 2-11-42 year hour minute M.
21. I hereby certify that I attended the deceased from 2-5-42, 19, to, 19; that I last saw him alive on, 19; and that death occurred on the date and hour stated above.
Immediate cause of death: Acute mitral (Black leaf)
Due to: sulphate poisoning
Other conditions (Include pregnancy within 3 months of death): 163
Major findings: Of operations:
Of autopsy: yes

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): Suicide
(b) Date of occurrence: 2-10-42
(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (Specify type of place) (Means of injury)
23. Signature: Arthur Kuhlen (M. D. or other)
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 Me

Registered Apprentice No.

working under my personal supervision.

Signed C. N. Nuse

Licensed Embalmer No. 2570

P. O. Address Kansas City

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

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