S. No. 2
—1-4-41
5-17-39
PI X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 5378

Registration District No. 1942 MAR 6 1942 399

Primary Registration District No. 1002

Registrar's No. 654

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: 4112 Warrick
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 20 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City Mo
(If outside city or town limits, write "RURAL")

(d) Street No. 4112 Warrick
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME Emily Haslett

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Femal

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Wm Haslett

6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Nov 2 1868
(Month) (Day) (Year)

8. AGE: Years 73 Months 3 Days 12. If less than one day ..... hr. ..... min.

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

10. Usual occupation at Home

11. Industry or business

FATHER
12. Name George J Hales
13. Birthplace ..... (City, town, or county) Ohio (State or foreign country)

MOTHER
14. Maiden name Mary Ann Markle
15. Birthplace ..... (City, town, or county) Pa (State or foreign country)

16. (a) Informant Helen Cline
(b) Address 1116 W 75th Terrace

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb 16 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Mrs C L Forster
(b) Address 918 Brooklyn

19. (a) 2/16/42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 14 year 1942 hour 12 minute 01 A M.

21. I hereby certify that I attended the deceased from Feb 13 1942 ....., 19..., to ....., 19...; that I last saw her alive on Feb 13 1942, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Thrombosis	2 hrs
Due to Chronic Myocarditis	
Due to 93 B	
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) no
(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? ..... (Specify type of place)
While at work? ..... (e) Means of injury 0

23. Signature Douglas A Jackson (M. D. or other)
Address 1103 Armour Date signed 2/14/42

(Licensed Embalmer's Statement on Reverse Side)

AUG 30 1945

Jackson Co. Jo.

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. H. Wise

Licensed Embalmer No. 25-90

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.