

FILED JUL 17 1942

Registration District No. 399

Primary Registration District No. 1002

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: 805 Harrison
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether _____)
In this community _____ (Specify whether _____)
years, months or days) unknown

3. (a) PRINT FULL NAME

Hattie Daylor

3. (b) If veteran, name war

no

3. (c) Social Security No.

none

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. Don't know

8. AGE: Years Months Days If less than one day

About 63 min.

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

10. Usual occupation House wife

11. Industry or business Don't know

12. Name Don't know

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Ella Coates

(b) Address 811 Charlotte

17. (a) Burial (b) Date thereof 7-13-42 (Burial, cremation, or removal) (month) (Day) (Year)

(c) Place: burial or cremation Highland Cemetery

18. (a) Signature of funeral director Brady + Brown

(b) Address 1788 Dracy

19. (a) 7-10-42 (b) M. M. Browne (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Kansas City 48
(If outside city or town limits, write "RURAL") 3
(d) Street No. 805 Harrison 3
(If rural, give location) 8
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 7 day 8
year 1942 hour 11:10 minute P. M.

21. I hereby certify that I attended the deceased from _____ 19____
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis heart disease
Due to 93 D

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy see above

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 3

23. Signature M. M. Browne (M. D. or other) _____
Address 1000 N. Date signed 7/10/42

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

MOTHER FATHER

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.....

Licensed Embalmer No. *1271*

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.