

BUREAU OF THE CENSUS
JUL 27 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 2684

48
8930

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

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kansas City
 (c) Name of hospital or institution:
 814 W. 14th St., /
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 6 Years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Jackson 48
 (c) City or town Kansas City 3
 (d) Street No. 814 W. 14th St., 8
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country. 0

3. (a) PRINT FULL NAME Theda E. Hayes
 3. (b) If veteran, name war No
 3. (c) Social Security No. None

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 7 day 13
 year 1942 hour 5:30 minute A. M.
 21. I hereby certify that I attended the deceased from
 19... to 19...
 that I last saw h... alive on...
 and that death occurred on... and near stated above.

4. Sex Fe. / 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow 2
 6. (b) Name of husband or wife Adelbert
 6. (c) Age of husband or wife if alive - years
 7. Birth date of deceased May 13 1861
 (Month) (Day) (Year)

Immediate cause of death.
 Carcinoma of pancreas
 Duration
 Due to...
 Due to... 469
 Other conditions (Include pregnancy within 3 months of death)
 Major findings:
 Of operations
 Of autopsy... see above

8. AGE: Years Months Days If less than one day
 81 2 0 hr. min.

9. Birthplace Ohio /
 (City, town, or county) (State or foreign country)
 10. Usual occupation Homemaker
 11. Industry or business At Home
 12. Name Jas. Wheaton
 13. Birthplace Ohio /
 (City, town, or county) (State or foreign country)
 14. Maiden name CARROW
 15. Birthplace Ohio /
 (City, town, or county) (State or foreign country)

PHYSICIAN
 Underline the cause to which death should be charged statistically.

16. (a) Informant Charles Hayes
 (b) Address 5018 St., John
 17. (a) Removal (b) Date thereof July 15, 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Lincoln, Nebraska
 18. (a) Signature of funeral director C. H. BLACKMAN & SON,
 (b) Address Kansas City, Missouri
 19. (a) 7-14-42 (b) M. M. Crowe
 (Date received local registrar) (Registrar's signature)

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?
 23. Signature [Signature] (M. D. or other) 3,
 Address [Signature] Date signed 7/13/42

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 *H. D. Blackman*

Licensed Embalmer No. 3639

P. O. Address 14 C. M.

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.