

FILED SEP 16 1942
1949

Registration District No.

Primary Registration District No. 1002

Registrar's No. 3349

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City, Mo.
(c) Name of hospital or institution St Lukes Hospital
(d) Length of stay: In hospital or institution 5 days
In this community 5 days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Oak Grove, Mo.
(d) Street (Rural) 4th S.E.
(e) Citizen of foreign country? (Yes or No) No
If yes, name country

3. (a) PRINT FULL NAME MYRTLE L. HAKE
(b) If veteran, name war - No
(c) Social Security No. - None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Sept day 10th year 1942 hour minute M.
21. I hereby certify that I attended the deceased from Sept 6 1942 to Sept 10th 1942
that I last saw h. alive on and that death occurred on the date and hour stated above.

4. Sex F M Color or race W
5. (a) Single, widowed, married divorced Married
6. (b) Name of husband or wife L. S. Haver
6. (c) Age of husband or wife if alive 50 years
7. Birth date of deceased Sept 10 - 1892

Immediate cause of death Meningitis - Septic
Due to Cause unknown.
Duration

8. AGE: Years 49 Months 0 Days 0 If less than one day hr. min.

9. Birthplace Oak Grove Mo

10. Usual occupation House wife

MOTHER FATHER
11. Industry or business
12. Name Richard Hake King
13. Birthplace Oak Grove Mo
14. Maiden name Elizabeth Hallaway
15. Birthplace Wellington Mo

Other conditions (include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy
Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth King
(b) Address Oak Grove Mo
17. (a) (Burial, cremation, or removal) (b) Date thereof 9-12-42
(c) Place: burial or cremation Oak Grove Mo

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?
(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

18. (a) Signature of funeral director G. B. Webb, Son
(b) Address Oak Grove Mo
19. (a) 9-10-42 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

23. Signature H. P. Humphreys (M. D. or other) R. E. no. Date signed 9/10/42

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

21-1-1954
Blue Spring Mo

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..... *R. B. Clark*
.....
Licensed Embalmer No. *2353*
P. O. Address *Blue Spring 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.