

No. 2
 5-42
 5-17-39
 X32873

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39732

State File No.

Registrar's No. 4610

REC'D DEC 18 1942
 Registration District No. 749

Primary Registration District No. 1002

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:
1501 East 35th St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community 21 years, months or days
years, months or days)

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. 1501 East 35th St.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME

Mrs Ellen Hayes

3. (b) If veteran, name war No

3. (c) Social Security No None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Widow
 6. (b) Name of husband or wife Patrick J. Hayes 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Feb. 2, 1861
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 10 7 _____ hr. _____ min.

9. Birthplace Clifton County Galway Ireland
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER {
 12. Name John Timmons
 13. Birthplace Ireland 4
(City, town, or county) (State or foreign country)
 14. Maiden name No record
 15. Birthplace Ireland 4
(City, town, or county) (State or foreign country)

16. (a) Informant Miss Frances C. Hayes
 (b) Address 1501 East 35th St.
 17. (a) Burial (b) Date thereof Dec. 12, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Thos. E. Quirk Funeral Home
4316 Troost Ave.
 (b) Address _____

19. (a) 12-11-42 (b) M. M. Cross
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th.
 year 1942 hour _____ minute 7.45 A.M.
 21. I hereby certify that I attended the deceased from Dec 1
 _____, 1942 to Dec 10, 1942
 that I last saw h. aw alive on Dec 9-42, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Coronary thrombosis Duration 9 hrs
 Due to arteriosclerosis
 Due to 9 hrs
 Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
 Of operations no
 Of autopsy no
 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? _____

23. Signature Henry H. Jones (M. D. or other) _____
 Address Howard City Mo Date signed 12-10-42

361

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. 3775
P. O. Address.....

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.