

FILED DEC 28 1942 149  
Registration District No. ....

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:  
1107 West 38th Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community 16 years (Specify whether 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. 1107 West 38th  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME Mrs. Laura Elsie Haynie

3. (b) If veteran, name war. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced 2  
6. (b) Name of husband MILTON MARYNIE 6. (c) Age of husband or wife if alive years  
7. Birth date of deceased Dec 14th 1856  
(Month) (Day) (Year)

8. AGE: Years 85 Months 11 Days 28 If less than one day hr. min.

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

10. Usual occupation Home wife

11. Industry or business

12. Name Warper B. Add  
13. Birthplace Virginia (City, town, or county) (State or foreign country)  
14. Maiden name Bessie Haynie  
15. Birthplace MISSOURI (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Robert Coleman  
(b) Address 1107 West 38th

17. (a) Burial (b) Date thereof Dec. 14-1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Miami, Mo.

18. (a) Signature of funeral director Therman Mortuary  
(b) Address 76 E. 9th St.

19. (a) 12/13/42 (b) M. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec 12, 1942 year hour minute M.

21. I hereby certify that I attended the deceased from June 1942 to Dec 12, 1942 that I last saw her alive on Dec 12, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Chylopericulous 10 yrs  
Due to

Due to 9/25

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations no Of autopsy no

Duration  
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) (r) Means of injury

23. Signature M. M. Brown  
324 Westport Ave Date 12-13-42  
R. E. W.

**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

*C. C. Wedelin*

Licensed Embalmer No. *34195*

P.O. Address *H. C. 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.**