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

1. PLACE OF DEATH:

(a) County Nodaway

(b) City or town Rural (Hopkins)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 months.
(Specify whether years, months or days)

In this community 7 months.

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 2736 Monroe
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)
If yes, name country: /

3. (a) PRINT FULL NAME William Francis Havner

3. (b) If veteran, name war no

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 7
year 1942 hour 6 minute 30 A M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Grace Libby Havner 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased Dec. 21 1875
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>66</u>	<u>10</u>	<u>16</u>hr.min.

Immediate cause of death Angina Pectoris Duration Sudden

Due to.....

Due to.....

Other conditions 94 lb
(Include pregnancy within 3 months of death)

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

9. Birthplace unknown Ill /
(City, town, or county) (State or foreign country)

10. Usual occupation Railroad brakeman (retired)

11. Industry or business.....

MOTHER FATHER { 12. Name Andrew Havner

{ 13. Birthplace unknown Penn /
(City, town, or county) (State or foreign country)

{ 14. Maiden name Mary Long

{ 15. Birthplace unknown Ill /
(City, town, or county) (State or foreign country)

Major findings:
Of operations.....

Of autopsy Cancer Inguet

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

16. (a) Informant Mrs. Grace Havner

27 36 (b) Address Monroe Kansas City Mo.

17. (a) burial (b) Date thereof Nov. 10 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem. Kansas City Mo

18. (a) Signature of funeral director Price Funeral Home

(b) Address Marquette Mo

19. (a) 11/9/42 (b) O. H. Bayler
(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?.....

While at work? (Specify type of place) (e) Means of injury coroner

23. Signature W. R. Jackson (M. D. or other) 3

Address Marquette, Mo. Date signed 11-9-42

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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 Clem M Price
Licensed Embalmer No. 1822
P. O. Address Marionville, 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.