S. No. 2
M—9-4-41
5-17-39
P I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 30 1943

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1122

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 345

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: Menorah Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 14 Days (Specify whether
In this community 55 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48
(a) State Missouri (b) County Jackson 3
(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")
(d) Street No. 5122 Woodland Avenue
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ------- 0

3. (a) PRINT FULL NAME Hayes, Mr. Frank
3. (b) If veteran, name war No
3. (c) Social Security No. 338-09-6989
4. Sex Male
5. Color or race White 0
6. (a) Single, widowed, married, divorced Married 1
6. (b) Name of husband or wife Mrs. Margaret Hayes
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased August (Month) 12 (Day) 1880 (Year)

8. AGE: Years 62 Months 5 Days 9 If less than one day ___ hr. ___ min.

9. Birthplace Missouri City (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Sprinkler Foreman
11. Industry or business Grinnell Company
FATHER
12. Name William Hayes
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)
MOTHER
14. Maiden name Mary Tate
15. Birthplace Missouri City (City, town, or county) Missouri 0 (State or foreign country)
16. (a) Informant Mrs. Margaret Hayes
(b) Address 5122 Woodland Avenue
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 23, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Moriah Cemetery
18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 1-23-43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 21st year 1943 hour 11 minute 15 A. M.

21. I hereby certify that I attended the deceased from Jan 8, 1943, to Jan 21, 1943 that I last saw him alive on Jan 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	4 da
Due to: Luetic mesaortitis	2 yrs?
Aortic insufficiency	2 yr. + ?
Due to: Left hydrothorax	5 days

Other conditions (Include pregnancy within 3 months of death) 30g

Major findings:
Of operations
Of autopsy

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

23. Signature E. L. Petry (M. D. ~~or other~~)
Address 300 Argyle Bldg K.C. Mo Date signed 1-28-43

(Licensed Embalmer's Statement on Reverse Side)

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.