S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1123

FILED FEB 10 1943

Registration District No. 349

Primary Registration District No. 1002

Registrar's No. 382

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: 2511 Chelsea
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community 16 yrs.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County JACKSON
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 2511 Chelsea
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME Jesse V. Hayes
3. (b) If veteran, name war — no
3. (c) Social Security No. 487-09-2088
4. Sex M
5. Color or race wh
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Pauline Todd Le Hayes
6. (c) Age of husband or wife if alive 33 years
7. Birth date of deceased JAN. (Month) 27 (Day) 1907 (Year)

8. AGE:

Years	Months	Days	If less than one day
35	11	27	hr. ..... min.

9. Birthplace Liberty (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Waiter
11. Industry or business .....
FATHER
12. Name VAN E. Hayes
13. Birthplace Clay Co. (City, town, or county) Mo. (State or foreign country)
MOTHER
14. Maiden name Bessie Shearer
15. Birthplace Clay Co. (City, town, or county) Mo. (State or foreign country)
16. (a) Informant Bessie S. Hayes
(b) Address Liberty, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof Jan 24 43 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Liberty, Mo.
18. (a) Signature of funeral director Church-Archer Co
(b) Address Liberty, Mo.
19. (a) 1-25-43 (Date received local registrar) (b) M. M. Browne (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 24 year 1943 hour 12:01 minute A.M.
21. I hereby certify that I attended the deceased from July 15 1941 to Jan 24 1943
that I last saw him alive on Jan 23 1943
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Rheumatic Heart Disease & Mitral Stenosis	
Due to Repeated Rheumatic Fever	
Due to	
Other conditions (Include pregnancy within 3 months of death) 92B	

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 George C. Lee (M. D. ~~coroner~~)
Address 1630 Prof Bldg Date signed 1/25/43

(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 Sam D Church

Licensed Embalmer No. 3286

P. O. Address Liberty, 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.