

LED MAR 31 1948 / 149
Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 1468

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:
2641 Forest
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4 1/2 months
(Specify whether
In this community 6 years
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. 3112 Charlotte
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Miss Mary Myrtle Hare
3. (b) If veteran, name war no. 3. (c) Social Security No. no.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month March day 25th
year 1943 hour 9:00 minute A. M.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife X 6. (c) Age of husband or wife if alive X years
7. Birth date of deceased February 1st, 1857
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 4/2 1944 to 3/25 1943
that I last saw her alive on 3/24 1943
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
86 1 24 _____ hr. _____ min.

Immediate cause of death Colage
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death)
Hypertension, Myocarditis.
Major findings:
Of operations _____
Of autopsy _____

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

10. Usual occupation Retired

11. Industry or business Schoolteacher

12. Name Samuel S. Hare

13. Birthplace Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Emiline Sponsler

15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant John C. Hare
(b) Address 3112 Charlotte, Kansas City, Mo.

17. (a) Burial (b) Date thereof 3-27-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill Cemetery

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 3-26-43 (b) M. M. Crow
(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 _____
23. Signature D. W. Stovall (M. D. or other) MD
Address 241 North 13th Date signed 3-26-43

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

Dr. S. W. Stowell, We 3515

204 Westover Bldg
3103 Broadway
1000

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 *[Signature]*
Licensed Embalmer No. *1415*
P. O. Address *1519 17th St*

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.