

Registration District No. 5 1845 149

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: Lakeside Hospital
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 1 day (Specify whether years, months or days) In this community 1 day (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 997
 (a) State Kansas (b) County 14
 (c) City or town Garnett 0
(If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 2

3. (a) PRINT FULL NAME Florence Louise Haynes
 3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White
 6. (a) Single, widowed, married, divorced Single
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased January 21 1941
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>2</u>	<u>2</u>	<u>19</u>	_____ hr. _____ min.

9. Birthplace Garnett Kansas
(City, town, or county) (State or foreign country)
 10. Usual occupation None

11. Industry or business _____
 MOTHER FATHER { 12. Name James A Haynes
 13. Birthplace Bronson Kansas
(City, town, or county) (State or foreign country)
 14. Maiden name Vivian N. Dart
 15. Birthplace Garnett Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant James A Haynes
 (b) Address Garnett, Kansas
 17. (a) Removal (b) Date thereof April 10, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Garnett, Kansas
 18. (a) Signature of funeral director H.W. Newsome's Son
 (b) Address 1401 Brush Creek Blvd. KCMO.
 19. (a) 4-11-43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 10
 year 1943 hour 8 minute 03 PM.
 21. I hereby certify that I attended the deceased from April 9
 1943 to April 10 1943
 that I last saw her alive on April 10 1943
 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac and respiratory failure Duration _____

Due to Meningitis 61
 Due to Otitis media.

Other conditions Diabetes mellitus
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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) Means of injury _____
 23. Signature Chas. Brown (or other) D.O.
 Address Chamber Bldg Date signed 4-10-43

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.....

O. Hervey Quisenberry

Licensed Embalmer No.

4070

P. O. Address.....

R. 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.