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5-17-39)
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 20 1943

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16948

Primary Registration District No. 1002

Registrar's No. 2200

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:
2406 Wabash Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether in this community 33 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 2406 Wabash Avenue 8
(If rural, give location) 0

(e) Citizen of foreign country? No (Yes or No)

If yes, name country --

3. (a) PRINT FULL NAME Mr. Charles Mahlon Haley

3. (b) If veteran, name war No

3. (c) Social Security No. 496-07-4017

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Alpharetta Haley

6. (c) Age of husband or wife if alive 60 years

7. Birth date of deceased May (Month) 25 (Day) 1870 (Year)

8. AGE: Years 72 Months 11 Days ~~18~~ 15 If less than one day hr. min.

9. Birthplace Linneus (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Telegrapher

11. Industry or business Western Union Telegraph Co.

FATHER
12. Name Unknown Haley
13. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Mary Jane Lambert
15. Birthplace (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Mrs Velva Eubanks
(b) Address 9618 East 16 St Indep

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-12-43 (Date received local registrar) (b) N. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10th year 1943 hour minute A. M.

21. I hereby certify that I attended the deceased from May 9 1943, to May 10 1943 that I last saw him alive on on May 9 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis

Due to arteriosclerosis

Due to Hypertension

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations 9 4a

Of autopsy

Duration Jewish

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 0

23. Signature H C [illegible] (M. D. or other) MW

Address 10 Margyle Bldg Date signed 5/11/43

(Licensed Embalmer's Statement on Reverse Side)

1022 Argyle Bldg.
2-5

JUN 19 1963

MAY 20 1943

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.