S. No. 2
OM—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

16963

State File No. 2133

FILED JUN 7 1943

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2133

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: K.C.General Hospital No.1 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days (Specify whether years, months or days)
In this community 50 Years

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. 3226 Charlotte 8
(If rural, give location) 0
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country Scotland

3. (a) PRINT FULL NAME Mr. Tom Hay
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Alvia N. Hay
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased June (Month) 20 (Day) 1866 (Year)

8. AGE: Years 76 Months 10 Days 17 If less than one day hr. min.

9. Birthplace (City, town, or county) Scotland (State or foreign country) 4
10. Usual occupation Travelling Salesman -Retired
11. Industry or business Baker-Lockwood Awning & Tent Co.

FATHER
12. Name William Hay
13. Birthplace (City, town, or county) Scotland (State or foreign country) 7

MOTHER
14. Maiden name Martha Hannah
15. Birthplace (City, town, or county) Scotland (State or foreign country) 4

16. (a) Informant Mrs. Alvia N. Hay
(b) Address 3226 Charlotte Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 8, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill Cemetery
18. (a) Signature of funeral director O. H. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.
19. (a) 5/8/43 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7th year 1943 hour 5 minute 45 A.M.
21. I hereby certify that I attended the deceased from 4-16-43, 19..., to 5-7-43, 19...; that I last saw him alive on 5-7-43, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive heart failure	
Due to: 93F	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations
Of autopsy See above

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 Drury R. Thom (M. D. or other)
Address Med.Dir.K.C.Gen.Hospital Date signed

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(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 H. O. Newcomer Jr

Licensed Embalmer No. 4043

P. O. Address K.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.