

SEP 7 1943  
Registration District No. 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 K.C.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3902 E. 13th /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution about 50 yrs. (Specify whether years, months or days)

In this community \_\_\_\_\_ (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town K.C.  
(If outside city or town limits, write "RURAL")

(d) Street No. 3902 E. 13th  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME James Hayes

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August, day 18, year 1943 hour 16:50 minute 2, M.

4. Sex M

5. Color of race Col

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

6. (b) Name of husband or wife Gladys

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Apr. 4 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Dec 5, 1942, to Aug 18, 1943; that I last saw him alive on Aug 17, 1943 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Immediate cause of death Arterio + Mitral Insufficiency

Due to \_\_\_\_\_

Due to 926

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

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

10. Usual occupation laborer (unemployed)

11. Industry or business \_\_\_\_\_

12. Name Harry Hayes

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

14. Maiden name Hattie

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

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

Major findings: Of operations \_\_\_\_\_

Of autopsy no

16. (a) Informant Gladys Hayes, wife

(b) Address 3902 E. 13th

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-23-1943  
(Month) (Day) (Year)

(c) Place: burial or cremation Home in Cemetery

18. (a) Signature of funeral director Adams Bros.

(b) Address 2000 E. 12th W.K.C. Mo.

19. (a) 8-24-43 (Date received local registrar) (b) T.C. Brown (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 L.W. Booker (M. D. or other) \_\_\_\_\_

Address 2028 Vine St. Date signed 8/19/43

DEC 4 1947

---

---

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: *A. J. Moore*  
Licensed Embalmer No. *948*  
P. O. Address *Kansas City*

**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.**