

FILED AUG 27 1943

Registration District No. 1002

Primary Registration District No. 1002

Registrar's No. 3557

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:
General Hospital #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8/12=8/13/43
(Specify whether
In this community 23 Years
years, months or days)

3. (a) PRINT FULL NAME JAMES HAYES

3. (b) If veteran, name war None 3. (c) Social Security No. 495-10-4202

4. Sex Male 5. Color or race Negro 6. (a) Single, widowed, married, divorced Sep.

6. (b) Name of husband or wife Verian Hayes 6. (c) Age of husband or wife if alive unk. years

7. Birth date of deceased May 20 1897
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
46 2 24 23 hr. min.

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

10. Usual occupation Unemployed

11. Industry or business

MOTHER FATHER

12. Name Alfred Hayes

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

14. Maiden name Susan Fields

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

16. (a) Informant Record Clerk

(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 8/17/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln Mem. Park

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

(b) Address 1739 Lydia

19. (a) 8-17-43 (b) D. E. Brown
(Date received local registrar) (Registrar's signature)

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. 2202 E. 14th St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 13
year 1943 hour 8:10 minute A M.

21. I hereby certify that I attended the deceased from August 12, 1943 to August 13, 1943
that I last saw him alive on August 13, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute myocardial failure

Due to Alcoholic psychosis (alcoholism)

Due to 7/7/43
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Same as above

Duration
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?

While at work? (Specify type of place) Means of injury
23. Signature D. E. Brown (M. D. or other) MD.
Address 2202 E. 14th St. Date signed 7-15-43

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

57 A-31-274

5743

1000 1/1 1000 1/1

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 J. Jerome Mauloae

Licensed Embalmer No. 3994

P. O. Address 2503 Highland

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.