

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

FILED AUG 21 1943 149
Registration District No. **149**

Primary Registration District No. **1002**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Kansas City Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Children's Mercy Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Robbie Lee Haywood**

3. (b) If veteran, name war **x no** 3. (c) Social Security No. **none**

4. Sex **M** 5. Color or race **W** 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 **March 29 1931**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
12 4 14 hr. min.

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

10. Usual occupation **Student**

MOTHER FATHER

12. Name **Rucker Haywood**

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

14. Maiden name **Beulah Edemann**

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

16. (a) Informant **Rucker Haywood**

(b) Address **Belton - Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 15-43**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mendon, Mo.**

18. (a) Signature of funeral director **S. E. ...**

(b) Address **Mendon - Mo.**

19. (a) **8-13-43** (Date received local registrar) (b) **P. E. Brown** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Cass** 19
(c) City or town **Belton - Mo.** (If outside city or town limits, write "RURAL")
(d) Street No. **R. R. #1** (If rural, give location)
(e) Citizen of foreign country? (Yes or No) **1**
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **13th**
year **1943** hour **8** minute **38 A.M.**

21. I hereby certify that I attended the deceased from **August 11 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

Poliomyelitis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 **H. M. ...** (M. D. or other)

Address **1424 Prof Bldg** Date signed **8/13/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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.....

John B. Carp

Licensed Embalmer No. *29155*

P.O. Address..... *15th + Jackson*

A.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.