V. S. No. 2
100M—2-43
Re. 5-1
1 X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 21 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 30747
Registrar's No. 3865

Registration District No. 149 Primary Registration District No. 1002

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: Wheatley Provident Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9/4 to 9/7 (Specify whether
In this community 45 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3
(d) Street No. 2737 Brooklyn (If rural, give location) 8
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME HELEN HATCHER

3. (b) If veteran, name war None
3. (c) Social Security No. None

4. Sex Female
5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Herbert Hatcher
6. (c) Age of husband or wife if alive 54 years
7. Birth date of deceased October 14, 1898 (Month) (Day) (Year)

8. AGE: Years 44 ~~45~~ Months 10 Days 23 ~~24~~ If less than one day hr. min.

9. Birthplace Kansas City, (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

FATHER
12. Name Joseph C. Canterbury
13. Birthplace Gary, (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Lena Farley
15. Birthplace Danville, (City, town, or county) Kentucky (State or foreign country)

16. (a) Informant Mr. Herbert Hatcher
(b) Address 2737 Brooklyn
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/9/43 (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery
18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia Avenue
19. (a) 9-8-43 (Date received local registrar) (b) N. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. 7 day Tuesday year 1943 hour 10:00 minute A. M.

21. I hereby certify that I attended the deceased from Aug 10, 1943, to Sept 7, 1943; that I last saw her alive on Sept 7, 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death

Due to Chronic Nephritis

Due to 131 b

Other conditions Uremic Coma (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)
Address 1612 E 1 Date signed

(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 Jerome Manlove

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.