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

FILED NOV 19 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 37304

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4520

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 weeks (Specify whether
In this community 38 years
years, months or days)

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") 0

(d) Street No. 2317 Lydia
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frances Hayes

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Col 3

6. (a) Single, widowed, married, divorced Single 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Unknown (Month) (Day) 1889 (Year)

8. AGE: Years 54 Months Days If less than one day hr. min.

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

10. Usual occupation School Teacher

11. Industry or business

FATHER
12. Name ----------Hayes
13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Martha J.
15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant John M. Holmes
(b) Address 4204 Washington

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 10/25/43 (Month) (Day) (Year)
(c) Place: burial or cremation Blue Ridge Lawn

18. (a) Signature of funeral director Watkins Bros
(b) Address 1729 Lydia

19. (a) 10-25-43 (Date received local registrar) (b) P. E. Brown Dep. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21
year 1943 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Sept. 11, 1943, 19 to Oct. 21, 1943
that I last saw her alive on Oct. 21, 1943
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral apoplexy	1 day
Due to High Blood Pressure	2 1/2 yrs
Due to Chronic Myocarditis	2 1/2 yrs
Other conditions (Include pregnancy within 3 months of death)	

83a

Major findings:
Of operations none done
Of autopsy none done

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 M. K. Lewis 0 (M. D. or other)
Address 222 Lincoln Bldg Date signed 10/25/43

(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.....J. Jerome Maulove

Licensed Embalmer No. 3994

P. O. Address 2303 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.