

FILED FEB 23 1944

Registration District No. **150**

Primary Registration District No. **5572**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Rural Prairie W**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Jackson County Home for aged**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 yr 3 mo**
(Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No. **Jackson Co. Home**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Willard C. Hays**

3. (b) If veteran, name war **WW**
3. (c) Social Security No. **7W**

4. Sex **M** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept 6 1866**
(Month) (Day) (Year)

8. AGE: Years **73** Months **4** Days **20**
If less than one day hr. min.

9. Birthplace **not known** **Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation **unknown**

11. Industry or business **unknown**
MOTHER FATHER {
12. Name _____
13. Birthplace (City, town, or county) (State or foreign country) **9**
14. Maiden name _____
15. Birthplace (City, town, or county) (State or foreign country) **9**

16. (a) Informant **Records Jackson County Home**

(b) Address **R-4, Independence, Mo.**

17. (a) **Buried** (b) Date thereof **1-28-44**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Buried in Cemetery**

18. (a) Signature of funeral director **W. B. Langford**

(b) Address **Lee's Funeral Home, Ind.**

19. (a) **Jan 23, 1944** (b) **F. M. Schick, Jr., M.D.**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan** day **26**
year **1944** hour **6:50** minute **P** M.

21. I hereby certify that I attended the deceased from **Nov 5, 1943** to **Jan 26, 1944**
that I last saw him alive on **Jan 26, 1944**
and that death occurred on the date and hour stated above.

Immediate cause of death: **Chronic myocarditis**
Duration _____

Due to _____

Due to _____

Other conditions: **93d**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) (e) Means of injury **0**

23. Signature **Dr. Greene** (M. D. or other) _____

Address **Independence, Mo.** Date signed **1/27/44**

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

48
0
0

48
0
0

1164

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

N. B. Langford

Licensed Embalmer No.

3833

P. O. Address

Lee Summit

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.