S. No. 2
M—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 APR 1944

Registration District No. 149

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 9843

Registrar's No. 1193

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: 3026 East 7th Street /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether
In this community 50 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson 3

(c) City or town Kansas City 0
(If outside city or town limits, write "RURAL")

(d) Street No. 3026 East 7th Street
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Mrs. Emma L. Haslett

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White /

6. (a) Single, widowed, married, divorced Married /

6. (b) Name of husband or wife J. T. Haslett

6. (c) Age of husband or wife if alive 66 years

7. Birth date of deceased March (Month) 30 (Day) 1865 (Year)

8. AGE: Years 78 Months 11 Days 13 If less than one day ____ hr. ____ min.

9. Birthplace Quincy (City, town, or county) Ill. / (State or foreign country)

10. Usual occupation At Home

11. Industry or business

FATHER
12. Name Albert North
13. Birthplace Webster Co. (City, town, or county) New York / (State or foreign country)

MOTHER
14. Maiden name Amanda Day
15. Birthplace Princeton (City, town, or county) Ill / (State or foreign country)

16. (a) Informant Mr. J. T. Haslett
(b) Address 3026 East 7th Street

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 3-20-44 (Month) (Day) (Year)
(c) Place: burial or cremation Chanute, Kansas

18. (a) Signature of funeral director Freeman Mortuary
(b) Address Kansas City, Missouri

19. (a) Mar 16 1944 (Date received local registrar) (b) T. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14th year 1944 hour 3 00 minute P M.

21. I hereby certify that I attended the deceased from March 7th, 1944, to March 14, 1944, that I last saw her alive on ____, 19__; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic myocarditis	2 yrs
Due to: Hypertension	
Due to: Malagency of uterus	
Other conditions (Include pregnancy within 3 months of death) —	

Major findings:
Of operations —
Of autopsy no

48b

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 0

23. Signature Dr. S. P. Ramey (M. D. or other) DO
Address 906 Bent Rec. Date signed 3-15-44

(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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.