

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **102054**
Registrar's No. **1593**

FILED APR 15 1944 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: **2120 Prospect**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **50 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Jackson County Mo**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **2120 Prospect av**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country **0**

3. (a) PRINT FULL NAME **MOLLIE WAYLAND**

3. (b) If veteran, name war **no** 3. (c) Social Security No. **no**

4. Sex **Female** 5. Color or race **Cauc** 6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Will Wayland** 6. (c) Age of husband or wife if alive **years**
7. Birth date of deceased **Unknown** (Month) (Day) (Year)

8. AGE: Years **78** Months **0** Days **0** If less than one day hr. min.

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

10. Usual occupation **Unemployed**

11. Industry or business **Howard Younger**

12. Name **Howard Younger**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Howard Younger Jr**

(b) Address **2120 Prospect av**

17. (a) **Burial** (b) Date thereof **4/10-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **H B Moss**

(b) Address **1820 E 18th st**

19. (a) **4-10-44** (b) **W. E. Brown** (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4/7/44** day **4/7/44** year **1944** hour **12** minute **30 A.M.**

21. I hereby certify that I attended the deceased from **3/28/44** to **4/7/44**

that I last saw her alive on **4/6/44** and that death occurred on the date and hour stated above.

Immediate cause of death **Mitral insufficiency** Duration **47**

Due to **Dementia**

Due to **Chronic - Parenchymatous hepatitis**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **1315**

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

23. Signature **W. E. Brown** (M. D. or other)

Address **2636 - Bond St** Date signed **4/10/44**

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 me
H B Moore, Registered Apprentice No. _____
working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 2410

P. O. Address 1820 E 18 St

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.