

V. S. No. 2
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rev. 5-17-39
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35741

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED DEC 4 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4623

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:
Osteopathic Hospital
(If not id hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 week
(Specify whether
In this community 11 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 727 Spruce
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ELIZABETH HARDY

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

4. Sex Fe. 5. Color or race White 6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Robert 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 11, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>83</u>	<u>7</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation Minister and Missionary

11. Industry or business Hazareno Church

MOTHER FATHER

12. Name Unknown
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant L. B. McCloud

(b) Address 2823 E. 8th St.,

17. (a) Burial (b) Date thereof 11/18/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director C. H. Blackman & Son,

(b) Address Kansas City, Mo.

19. (a) 11-17-44 (b) N. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 16
year 1944 hour 11 minute 25 P. M.
21. I hereby certify that I attended the deceased from Nov 16 to Nov 16, 1944
that I last saw her alive on Nov 16 and that death occurred on the date and hour stated above.
Immediate cause of death Chronic Myocarditis Duration unknown

Due to Senility
Due to beginning Hypostatic pneumonia lobar 5 mo.
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy 108
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? _____

23. Signature John T. Kinney (Specify type of poison) (b) Means of injury
Address 1105 Spring Ave (M. D. or other) 11-17-44
Date signed 11-17-44

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

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..... *H. D. Blackman*

Licensed Embalmer No..... *3639*

P. O. Address..... *R. C. 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.