

FILED DEC 22 1944 44

State File No. \_\_\_\_\_  
 Registrar's No. 4910

Registration District No. \_\_\_\_\_ 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: Sherman Hotel  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 5 days years, months or days

2. USUAL RESIDENCE OF DECEASED:  
 (a) State MO (b) County Jackson  
 (c) City or town Kansas City  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. Sherman Hotel (If rural, give location)  
 (e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Made H. Haulters

MEDICAL CERTIFICATION

3. (b) If veteran, name war none 3. (c) Social Security No. 489-30-2826

20. DATE OF DEATH: Month 12 day 4 year 1944 hour 12 minute 35 P.M.

4. Sex M 5. Color or race wh 6. (a) Single, widowed, married, divorced married

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred on the date and hour stated above.

6. (b) Name of husband or wife Lora 6. (c) Age of husband or wife if alive 47 years

Immediate cause of death: Coronary sclerosis

7. Birth date of deceased Nov-8-1892 (Month) (Day) (Year)

Due to arterio-sclerosis

8. AGE: Years 52 Months 8 Days 26 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Due to \_\_\_\_\_

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

Other conditions (include pregnancy within 3 months of death) 94a

10. Usual occupation Salleman

Major findings: Of operations \_\_\_\_\_

11. Industry or business \_\_\_\_\_

Of autopsy yes - as above

12. Name Rahert Haulters

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? \_\_\_\_\_

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

14. Maiden name Mary Williams

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

16. (a) Informant Lora Williams  
 (b) Address Jamestown N. Dak

17. (a) removed (b) Date thereof 12-4-44 (Month) (Day) (Year)  
 (c) Place: burial or cremation Jamestown N. Dak

18. (a) Signature of funeral director H. J. Jegerman  
 (b) Address R.C. MO

19. (a) Dec 5, 1944 (b) J. B. Brown (Date received local registrar) (Registrar's signature)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

OCT 17 1947

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**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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**