V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 12352

FILED APR 17 1945

Registration District No. 19

Primary Registration District No. 1002

Registrar's No. 1386

48 3 8

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

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: ColonialRest Home 76II Wornall 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 Months (Specify whether years, months or days)

In this community 70 years

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. 8715 Morrell
(If rural, give location)

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

If yes, name country no

3. (a) PRINT FULL NAME Mrs Caroline Ann Michaels

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female

5. Color or race wh

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Williams F. Michaels (Deceased)

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

7. Birth date of deceased Feb 2nd 1855 (Month) (Day) (Year)

8. AGE: Years 90 Months 1 Days 23 If less than one day hr. min.

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

10. Usual occupation Home

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) G (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) G (State or foreign country)

16. (a) Informant Ray R. Michaels
(b) Address 7404 Walnut

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 27 -45 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Eylar Funeral Home
(b) Address 1800 Linwood Kansas City Mo

19. (a) 3-26-45 (Date received local registrar) (b) D. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25th year 1945 hour I minute P M.

21. I hereby certify that I attended the deceased from Jan 5 1945 to Mch 24 1945 that I last saw her alive on Mch 24 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Arterio Sclerosis	2 yrs
Due to Chronic interstitial nephritis	8 yrs
Due to	
Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [illegible] (M. D. ~~or other~~)

Address 901 Wellford Rd Date signed 3/26/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Lee Haynes
901 Westport
Va 9593

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 Glen E. Heck

Licensed Embalmer No. 4063

P. O. Address 1800 Linwood Blvd

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.