

**FILED** JUL 17 1945

Registration District No. **149**

Primary Registration District No. **1001**

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:  
**Little Sisters of the Poor 5**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **5 yrs** (Specify whether years, months or days)  
In this community **6 months**  
**Since 1877**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson 4R**  
(c) City or town **Kansas City 3**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5331 Highland 2**  
(If rural, give location)  
(e) Citizen of foreign country? (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME **LEE HANEY**

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

4. Sex **male 0** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **divorce**

6. (b) Name of husband or wife **Lucy** 6. (c) Age of husband or wife if alive **years**

7. Birth date of deceased **April 15, 1877**  
(Month) (Day) (Year)

8. AGE: Years **68** Months **2\*** Days **20 19** If less than one day hr. min.

9. Birthplace **Missouri 0**  
(City, town, or county) (State or foreign country)

10. Usual occupation **none**

11. Industry or business

12. Name **George Haney**

13. Birthplace **no record 9**  
(City, town, or county) (State or foreign country)

14. Maiden name **Martha Stator**

15. Birthplace **no record 9**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Little Sister of the Poor**

(b) Address **5331 Highland**

17. (a) **burial** (b) Date thereof **7-7-45**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Mary's**

18. (a) Signature of funeral director **Quirk + Kopin**

(b) Address **20 W. Lincoln**

19. (a) **7-6-45** (b) **Seraldine Holmes**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **5th**  
year **1945** hour **6** minute **30 P.** M.

21. I hereby certify that I attended the deceased from **19. 31** to **19. 45**  
**7-3** and that death occurred on the date and hour stated above.

Immediate cause of death. Duration

**acute terminal Bronchial pneumonia 2 days**

Due to **myocardium** year  
**coronary sclerosis** year

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **none**

Of autopsy **none**

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 **John Bruner** (M. D. or other) **MD**

Address **1103 Grand** Date signed **7-5-45**

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

MOTHER FATHER

*J. John T. Skinner*

**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.....

*Dexter L. Keeley*

Licensed Embalmer No.....

*04225*

P. O. Address.....

*Indep 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.**