

**FILED OCT 14 1945**

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(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:  
3231 Prospect Avenue /  
(If not in hospital or institution, write street number or location)

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

In this community 35 Years

3. (a) PRINT FULL NAME Hazel M. TATE

3. (b) If veteran, name war No

3. (c) Social Security No. NO

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence A. TATE

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased December 9th, 1896  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>48</u>	<u>9</u>	<u>7</u>	hr. _____ min. _____

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

10. Usual occupation Housewife and Manager & Owner Convalescent Home

11. Industry or business

MOTHER FATHER { 12. Name Albert Evans

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

14. Maiden name Katherine Wilson

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

16. (a) Informant Clarence A. Tate, Husband

(b) Address 3231 P rospect., K.s.as City

17. (a) Removal (b) Date thereof 9/18/45.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Prescott, Kansas

18. (a) Signature of funeral director Melody-McGilley-Eylar

(b) Address 1800 Linwood, K. C. Mo.

19. (a) 9/18/45. (b) Stardine Holmes  
(Date received local registrar) (Registrar's signature)

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. 3231 Prospect Avenue  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? NO years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 16  
year 1945 hour 7:00 minute A. M.

21. I hereby certify that I attended the deceased from July 29, 1945 to Sept 16, 1945  
that I last saw her alive on Sept 15, 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Hypertensive Heart Disease

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

Other conditions 93 d  
(Include pregnancy within 3 months of death)

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

Of autopsy \_\_\_\_\_

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 of George C. Bee (M. D. or other) \_\_\_\_\_  
Address 1630 Prof. Bldg Date signed 9/16/45

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underlines the cause to which death should be charged statistically.

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

*Read By  
9-3-48*

SEP 13 1948

**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:

*J. H. Ryan*  
Licensed Embalmer No. *2929*

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, above space should be left blank.