. S. No. 2
M—8-43
v. 5-17-39
1 X37823

100301

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 21 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 1435
Registrar's No. 5384

Registration District No. 149 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: 3826 Wayne 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: 7 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 2
(If outside city or town limits, write "RURAL")
(d) Street No.: 3826 Wayne Avenue 8
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 9
If yes, name country:

3. (a) PRINT FULL NAME: MRS. LOUISE A. HAVER
3. (b) If veteran, name war: No
3. (c) Social Security No.: None
4. Sex: Female
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Morgan B. Haver
6. (c) Age of husband or wife if alive ..... years
7. Birth date of deceased: October (Month) 24th. (Day) 1858 (Year)

8. AGE: Years 87 | Months 2 | Days 2 | If less than one day ..... hr. ..... min.

9. Birthplace: Appanoose County (City, town, or county) Iowa (State or foreign country)
10. Usual occupation: At Home
11. Industry or business:
MOTHER FATHER
12. Name: Robert Printy
13. Birthplace: ..... (City, town, or county) Indiana (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) ..... (State or foreign country)
16. (a) Informant: Mrs. J. S. Stockwell
(b) Address: 3826 Wayne Avenue
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: 12/ 28/ 1945 (Month) (Day) (Year)
(c) Place: burial or cremation: Lineville, Iowa
18. (a) Signature of funeral director: Freeman Mortuary & Chapel
(b) Address: 104 West 42nd Street
19. (a) 12-28-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26th. year 1945 hour ..... minute ..... M.
21. I hereby certify that I attended the deceased from December 23, 1945 to 12-26, 1945 that I last saw her alive on Dec 26, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death: Congestive failure of heart — Duration 12/23/45
Due to: Cardiac arteriosclerosis of heart superimposed
Due to: by pneumonia bronchial
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 93d
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: Josephine D. Insley (M. D. or other) D.O.
Address: 3568 Broadway Date signed 12/29/45

(Licensed Embalmer's Statement on Reverse Side)

Dr Josephine Drusler
Ambassador Hotel
11 to 1 o'clock -

93 et
93 d

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.