. S. No. 2
M—8-43
v. 5-17-39
I X37823

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

1015

48
3
8

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

State File No. 1438

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 52

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: Trinity Lutheran Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day (Specify whether
In this community 1 Day years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Kansas (b) County Wyandotte 994

(c) City or town Kansas City 14
(If outside city or town limits, write "RURAL")

(d) Street No. 3516 Brown Ave.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No) 21

If yes, name country

3. (a) PRINT FULL NAME Mae Elizabeth Haynes

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 Married

6. (b) Name of husband or wife Walter T. Haynes

6. (c) Age of husband or wife if alive 55 52 years

7. Birth date of deceased March (Month) 8 (Day) 1893 (Year)

8. AGE: Years 52 Months 9 Days ~~26~~ 25 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business "

FATHER
12. Name Charles H. Pearson
13. Birthplace Weston, (City, town, or county) Missouri (State or foreign country) 0

MOTHER
14. Maiden name Mary Margaret Schmidt
15. Birthplace Kansas City (City, town, or county) Kansas (State or foreign country)

16. (a) Informant Walter T. Haynes
(b) Address 3516 Brown Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1 (Month) 5 (Day) 1946 (Year)
(c) Place: burial or cremation Memorial Park, K.C. Kans

18. (a) Signature of funeral director Geo. H. Long
(b) Address 703 N. 10th St.

19. (a) 1-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3
year 1946 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from 1935, 19..., to 1/3/46, 19...;
that I last saw her alive on 1/2/46, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardio-Vascular Hypertensive Heart Disease	2 yr.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93 d	
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 [signature] (M. D. or other)
Address 1401 S. W. Blvd. K.C. Ks. Date signed 1/3/46

(Licensed Embalmer's Statement on Reverse Side)

Young

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.....Chas. H. Rider.....

Licensed Embalmer No.....3404.....

P. O. Address.....703 N. 10 K C Ks

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.