

7. S. No. 2  
FORM-5-43  
Rev. 5-17-39  
I X36471

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13151

State File No. \_\_\_\_\_

**FILED** APR 17 1946

Registration District No. \_\_\_\_\_

Primary Registration District No. 1002

Registrar's No. 1633

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:  
1239 Colorado Ave., Kansas City, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community 9 Years  
years, months or days

3. (a) PRINT FULL NAME MAGGIE Margaret L. Haines

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 Walker L. Haines

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

7. Birth date of deceased February 7 1859  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>1</u>	<u>26</u>	hr. _____ min.

9. Birthplace Don't know Ohio  
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business At Home

12. Name Dr. J. J. Kempy

13. Birthplace Don't know Pennsylvania  
(City, town, or county) (State or foreign country)

14. Maiden name Ann E. Smith

15. Birthplace Don't know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Clyde E. Austin

(b) Address 2246 Orville Ave. K.C.K.

17. (a) Burial (b) Date thereof April 5 -46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Highland Park Cemetery

18. (a) Signature of funeral director Jos. A. Butler's Sons

(b) Address 22 South 18th, St. K.C.K.

19. (a) 4-6-46 (b) Geraldine Holmes  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")

(d) Street No. 1239 Colorado Avenue 8  
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) 0

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 3  
year 1946 hour 4 minute 30 A.M.

21. I hereby certify that I attended the deceased from 1943, to April 3, 1946;  
that I last saw her alive on April 3, 1946;  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac and respiratory failure  
Due to Bronchial Pneumonia 78 hrs

Other conditions None  
(Include pregnancy within 3 months of death)

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

Of autopsy 107

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 None

23. Signature A. L. Austin (M. D. or other) DO  
Address 3901 S. Indiana Date signed 4/3/46

(Licensed Embalmer's Statement on Reverse Side) Kansas City Mo

12057

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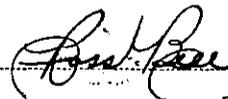
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**STATEMENT BY LICENSED EMBALMER**

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.....



Licensed Embalmer No. 3426

P. O. Address. Kansas City, Kansas.

**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.**