

S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20298

FILED JUL 15 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2901

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution:
General Hospital No. 20
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution 49 days
(Specify whether in this community... years, months or days)

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. 718 E. 19th St. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 1

If yes, name country _____

3. (a) PRINT FULL NAME HENRY HAYES

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife Lily Hayes

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

7. Birth date of deceased unknown
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 28
year 1946 hour 3:30 minute A. M.

21. I hereby certify that I attended the deceased from May 10 19 46 to June 28 19 46;
that I last saw him alive on June 28 19 46;
and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Heart Disease with Decompensation

Due to _____

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

8. AGE: Years About 60 Months _____ Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Common Laborer

11. Industry or business Unemployed

MOTHER FATHER { 12. Name Frank Hayes

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

14. Maiden name Elzie Bartlett

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

16. (a) Informant Gertrude Nelson, Friend

(b) Address 718 East 19th St.

17. (a) L.I.N.C.O.L.N. C.E.M. (b) Date thereof 7-2-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial - Lincoln

18. (a) Signature of funeral director B. Brady - B. Rain

(b) Address 1708 J. road

19. (a) 7-1-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

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 Drunk

23. Signature Geraldine Holmes (M. D. or other, D. _____)

Address 600 East 22nd St. Date signed 6/29/46

(Licensed Embalmer's Statement on Reverse Side)

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

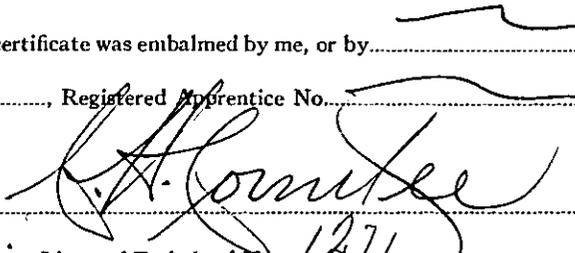
1946

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. 1271

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.