

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED JUL 2 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2744

1. PLACE OF DEATH:

(a) County KANSAS

(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
NORA-RAE RESTORUM 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 MONTH -- 2 DAYS
(Specify whether

In this community 38 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON 48

(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")

(d) Street No. 2842 JARMOE
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY MARGARET HAYS

3. (b) If veteran, name war no

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18 year 46 hour _____ minute _____ M.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife ROBERT LEE HAYS

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

7. Birth date of deceased SEPTEMBER 29 1858
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 3 25, 1946, to June 18, 1946, that I last saw her alive on June 18 and that death occurred on the 18 date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>8</u>	<u>19</u>	hr. _____ min. _____

Immediate cause of death myocardial failure
Coronary thrombosis

Due to myocardial decompensation unknown

Due to arteriosclerosis unknown

9. Birthplace ST. LOUIS MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation AT HOME

Other conditions Asenibly
(Include pregnancy within 3 months of death)

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name PATRICK D. SANSFIELD

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

14. Maiden name NOT KNOWN NOT KNOWN

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

Major findings:
Of operations _____

Of autopsy _____

16. (a) Informant LEE C. HAYS

(b) Address 2842 JARMOE

17. (a) BURIAL (b) Date thereof 6-21-46
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation MT. ST. MARY'S CEMETERY
(Specify type of place)

18. (a) Signature of funeral director J. F. Wondol

(b) Address 3256 WOODWAY

19. (a) 6-20-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

(c) Means of injury 2

23. Signature Dr. Helen McKinney (M. D. or other) MD

Address 205 Bayport Date signed 6/19/46

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

19473

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

Park G. Rowe

Licensed Embalmer No.

2347

P. O. Address

A. C. 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.