S. No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23747

FILED AUG 5 1946

Registration District No. 109 Primary Registration District No. 1002 Registrar's No. 3217

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: St Joseph Hospital
(If not in hospital or institution, write street number or location)

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

In this community Life

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48

(c) City or town 822I Wayne (If outside city or town limits, write "RURAL")

(d) Street No. Kansas City Mo "Rural" (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Esta L. Pack

3. (b) If veteran, name war No

3. (c) Social Security No. none

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased Nov. 11 1881 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	8	10	hr. min.

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

10. Usual occupation House Wife

11. Industry or business

FATHER
12. Name Benjiman Hazlett
13. Birthplace Virginia (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Josephine Harris
15. Birthplace Virginia (City, town, or county) (State or foreign country)

16. (a) Informant Russell L. Pack

(b) Address 822I Wayne

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 23 46 (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Wornall Funeral Home

(b) Address 7406 Wornall

19. (a) 7-24-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 21 year 1946 hour 12 minute 20 P. M.

21. I hereby certify that I attended the deceased from June 21, 1946 to July 21, 1946 that I last saw he alive on July 21, 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial pneumonia — Duration 3 days

Due to Fractured neck of right femur

Due to Diabetes

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

Major findings: Of operations Subcapital fracture of right femur

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: Accident

(a) Accident, suicide, or homicide (specify) Fall, 2843 Troost

(b) Date of occurrence 6-21-46 12.3

(c) Where did injury occur? K.C. (City or town) Jackson (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Old ladies home 2843 Troost (Specify type of place)

While at work? NO (e) Means of injury Fall

23. Signature [illegible] (M.D.)

Address [illegible] Date signed 7-23-46

(Licensed Embalmer's Statement on Reverse Side)

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 Howard G. Roe

Licensed Embalmer No. 2748

P. O. Address K 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.