

No. 2
4-5-43
5-17-39
1 X36671

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27159

State File No.

FILED SEP 9 1946

Registrar's No. **3738**

Registration District No.

Primary Registration District No. **1002**

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: **Research Hospital**
(If not in hospital or institution, write street number or location)

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

In this community **22 years** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jacks on 48**

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

(d) Street No. **3201 East 32nd Street, 8**
(If rural, give location) **0**

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

If yes, name country **X**

3. (a) PRINT FULL NAME **Charles E. Hasty**

3. (b) If veteran, name war **no**

3. (c) Social Security No. **487-63-5714**

4. Sex **male 0**

5. Color or race **white**

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

6. (b) Name of husband or wife **Mrs. Elizabeth Hasty**

6. (c) Age of husband or wife if alive **60.56** years

7. Birth date of deceased **November 10 1899**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **29**
year **1946** hour **2:40** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 30 29th**, 1946, to **Aug 29**, 1946
that I last saw him alive on **Aug 29th**, 1946,
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
46	9	19	hr. min.

Immediate cause of death: **Cerebral hemorrhage** Duration **1 hr.**

Due to **Hypertension**

Due to

Other conditions (Include pregnancy within 3 months of death)

9. Birthplace **Missouri 0**
(City, town, or county) (State or foreign country)

10. Usual occupation **mechanic**

Major findings: **83a**

Of operations

Of autopsy

PHYSICIAN
Underline the cause to which death should be charged statistically.

11. Industry or business

12. Name **Charles Hasty 0**

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

14. Maiden name **Alice Rena**

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

16. (a) Informant **Mrs. Elizabeth Hasty**

(b) Address **3201 E. 32nd St.**

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?

17. (a) burial (Burial, cremation, or removal) (b) Date thereof **8-31-46**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Washington**

While at work? (Specify type of place) (c) Means of injury

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K. C., Mo.**

19. (a) 8-31-46 (Date received local registrar) **Thalidine Holmes** (Registrar's signature)

23. Signature **J. M. ...** (M. D. or other) **MD**

Address **713 E. 25th** Date signed **8-31-46**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
20000

Dr. J. W. Webb, Jr.

Com Building
P. O. E.

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

W. J. Allen
Licensed Embalmer No. 1415
P. O. Address 17 E. 4th St.

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.