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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED OCT 7 1946

State File No. 30270

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3919

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: 4112 HIGHLAND AVE
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 7 YEARS
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. 4112 HIGHLAND AVE. 8
(If rural, give location)

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

If yes, name country ------

3. (a) PRINT FULL NAME WALTER O HAYES

3. (b) If veteran, name war NO

3. (c) Social Security No. 486-05-9823

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. NORA MAE HAYES

6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased DECEMBER (Month) 4 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
43	9	8	hr. min.

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

10. Usual occupation INTERIOR DECORATOR

11. Industry or business

FATHER
12. Name WALTER DUDLEY HAYES
13. Birthplace LINDEN (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name MARGARET DOLER ASHBY
15. Birthplace CAMDEN (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant Mrs Nora Hayes
(b) Address 4112 Highland

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof SEPT-16-1946 (Month) (Day) (Year)

(c) Place: burial or cremation FLORAL HILLS CEM.

18. (a) Signature of funeral director D. H. Newcomers Sons
(b) Address 1401-BRUSH CREEK BLVD.

19. (a) 9-16-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT day 12th year 1946 hour 10 minute 20 P M.

21. I hereby certify that I attended the deceased from ....., 19...., to ....., 19....; that I last saw h..... alive on ....., 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Deputy Coroner — Duration

Due to Gunshot Injury of Head

Due to

Other conditions
(Include pregnancy within 3 months of death) 164 c

Major findings:
Of operations

Of autopsy See Above

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence 9/11/46

(c) Where did injury occur? Kansas City Mo (City or town) (County) (State)

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

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

23. Signature A. E. Ascher (M. D. or other) MD

Address 2800 Main Date signed 9/12/46

(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 Bernard L Loran

Licensed Embalmer No. 4250

P. O. Address K C Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.