

S. No. 2
M-5-43
5-17-39
P I X38671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33577

FILED OCT 28 1946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4374

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:
2411 FLORIDA AVE.
(If not in hospital or institution, write street number or location)

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

In this community ABOUT 5 YRS. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County JACKSON

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

(d) Street No. 2411 FLORIDA AVE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Joseph Hayden

3. (b) If veteran, name war WORLD WAR I

3. (c) Social Security No. 512-05-8368

4. Sex Male 5. Color or race Negro

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

6. (b) Name of husband or wife MARY HAYDEN

6. (c) Age of husband or wife if alive 30 years

7. Birth date of deceased OCT 22, 1894
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 15 year 1946 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19 _____ that I last saw _____ alive on _____ 19 _____ and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

51 — 11 — 15 ⁵⁵ hr. _____ min.

Immediate cause of death Hypertensive Heart Disease

Due to _____

Due to Chronic Alcoholism

9. Birthplace SPRINGFIELD, MO.
(City, town, or county) (State or foreign country)

Other conditions (Include pregnancy within 3 months of death)

Due to _____

10. Usual occupation CHAVE FFER

Major findings: 93d

Of operations _____

11. Industry or business GENERAL MOTORS

Of autopsy No - Permit

12. Name ALBERT HAYDEN

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

14. Maiden name JUSTIE ROLAND

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

16. (a) Informant MRS. OPA BASS

(b) Address 949 MATHIE WILSON WICHITA

17. (a) BURIAL (b) Date thereof 10-19-46
(Burial, cremation, or removal) (Month) (Day) (Year)

18. (a) Signature of funeral director G. E. Kern

(b) Address 1513 TROOP ST. AVE. K.C. MO.

19. (a) 10-18-46 (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)

(a) Means of injury Deputy Coroner

23. Signature G. E. Kern (M. D. or other) _____

Address 2636 Brooklyn Date signed _____

(Licensed Embalmer's Statement on Reverse Side)

10-18-46

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

MOTHER FATHER

NOV 6 1948

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 C. P. Davis
Licensed Embalmer No. 4419
P. O. Address 78 C. 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.