

FILED NOV 6 1946
149

Registration District No.

Primary Registration District No. 1802

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Kansas City Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1706 East 18th
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.
In this community Don't know (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson 48
(c) City or town Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 1706 E 18th
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no

3. (a) PRINT FULL NAME

Hays Norman

3. (b) If veteran, name war: no
3. (c) Social Security No. none

4. Sex M 2
5. Color or race Negro
6. (a) Single, widowed, married, divorced Single
6. (c) Age of husband or wife if alive years

7. Birth date of deceased: Don't know
(Month) (Day) (Year)

8. AGE: Years 80
Months
Days
If less than one day hr. min. 4

9. Birthplace: Don't know
(City, town, or county) (State or foreign country)

10. Usual occupation: Labor

11. Industry or business:

MOTHER, FATHER {
12. Name: Don't know
13. Birthplace: Don't know
(City, town, or county) (State or foreign country)
14. Maiden name: Don't know
15. Birthplace: Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant: none K.C. Mo

(b) Address:

17. (a) University of Kansas City 10-24-46
(Burial, cremation, or removal) (b) Date of (Month) (Day) (Year)

(c) Place: burial or cremation: University of Kansas City

18. (a) Signature of funeral director: H.B. Moore

(b) Address: 1820 E 18th

19. (a) 10-24-46 (b) Geraldine Holms
(Date received local registrar) (Registrar's signature)

(MEDICAL CERTIFICATION)

20. DATE OF DEATH: Month Oct day 16
year 1946 hour 9:45 am M.

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

Immediate cause of death: Hypertensive Heart Disease

Due to: old-age -

Other conditions: 93d
(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: No - Permit.

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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?
(Specify type of place) Deputy - Coroner
While at work? (e) Means of injury:
23. Signature: H. Wellman (M. D. or other)
Address: 2636 Throop Ave Date signed

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

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.....

AB Moon

Licensed Embalmer No. *2410*

P. O. Address. *1820 E. 18 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.