

FILED JAN 13 1947

State File No. \_\_\_\_\_

Registration District No. 147

Primary Registration District No. 1002

Registrar's No. 5518

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:  
2924 Harrison Street  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
 In this community 30 Years  
 years, months or days)

3. (a) PRINT FULL NAME MRS. ANNETTA HALEY  
 3. (b) If veteran, name war No  
 3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife Samuel E. Haley  
 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased October 26th. 1868  
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
78 2 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
 12. Name William Hendricks  
 13. Birthplace Indiana  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Unknown  
 15. Birthplace Indiana  
 (City, town, or county) (State or foreign country)

16. (a) Informant Guy V. Haley  
 (b) Address Long Beach, California

17. (a) Burial (b) Date thereof 1 - 2 - 1947  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah Cemetery

18. (a) Signature of funeral director Freeman Mortuary & Chapel

(b) Address 104 West 42nd, St. Kansas City, Mo.

19. (a) 12-31-46 (b) G. Waldine Holmes  
 (Date received local registrar) (Registrar's signature)

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. 2924 Harrison Street  
 (If rural, give location)  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 30th.  
 year 1946 hour approx 10 minute 30 A.M.  
 21. I hereby certify that I attended the deceased from 24  
DEC. 1946, to 30 DEC. 1946  
 that I last saw h. ER alive on 29 DEC. 1946  
 and that death occurred on the date and hour stated above.

Immediate cause of death Heart failure Duration unknown  
 Due to Heart failure  
 Due to arteriosclerotic heart disease  
 Other conditions old age  
 (Include pregnancy within 3 months of death)

Major findings: Of operations none  
 Of autopsy none  
 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) \_\_\_\_\_  
 (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)  
 (e) Means of injury \_\_\_\_\_  
 23. Signature Adrian J. Brown, M.D.  
 Address 350 E. Armour Date signed 12-30-46  
R.C. No.

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**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 *Walter H. Erwin*

Licensed Embalmer No. *4352*

P. O. Address *Kansas City, Mo*

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

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