

Registration District No. **149** 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:
Kansas City General Hospital No. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 da**
65 yrs (Specify whether years, months or days)

3. (a) PRINT FULL NAME **William Hayman**
3. (b) If veteran, name war **no** **3. (c) Social Security** No. **no**

4. Sex **male** **5. Color or race** **white** **6. (a) Single, widowed, married, divorced, or deceased** **deceased**
6. (b) Name of husband or wife **Pearl Hayman** **6. (c) Age of husband or wife if alive** years
7. Birth date of deceased **Apr 23 - 1881**
(Month) (Day) (Year)

8. AGE: Years **65** Months **7** Days **20** If less than one day **✓** hr. **✓** min.

9. Birthplace: **Kansas City, Mo**
(City, town, or county) (State or foreign country)

10. Usual occupation: **Painter**
11. Industry or business: **Self**

12. Name **Walter Hayman**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name **Elizabeth Kelly**
15. Birthplace **New York**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Shas E. Rude**
(b) Address **5316 Ridge Overland Rd**

17. (a) Burial **(b) Date thereof** **Dec 19 - 46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **A. O. Doshler**
(b) Address **1415 East 15**
19. (a) 12-13-46 **(b) Geraldine 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. **1308 W. 20th Terr.**
(If rural, give location)
(e) Citizen of foreign country? **U.S.A.** (Yes/No) **no**
If yes, name country **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **December** day **12th**
year **1946** hour **10** minute **15** A.M.

21. I hereby certify that I attended the deceased from **December 7, 1946** to **December 12, 1946**
that I last saw him alive on **December 12, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Primary Bronchogenic Carcinoma** Duration
4 1/2

Due to
Due to

Other conditions (Include pregnancy within 3 months of death) **HTC**

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)
(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 **Walter Hayman** M.D. or other
Med. Director, K.C. Gen. Hosp. **12-12-46**
Address Date signed

FATHER
MOTHER

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 *A. P. Doshier*

Licensed Embalmer No. 1166

P. O. Address *Kansas City Mo*

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

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