

S. No. 2  
 1-12-45  
 5-17-39  
 X47070

DEPARTMENT OF COMMERCE  
 BUREAU OF THE CENSUS  
 FILED APR 28 1947

THE STATE BOARD OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

13485  
 State File No. 13485  
 Registrar's No. 1702

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:  
St. Mary's Hospital 0  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 9 Days  
(Specify whether in this community 52 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. 3627 Brooklyn 8  
(If rural, give location)  
 (e) Citizen of foreign country? No 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William R. Hays

3. (b) If veteran, name war No  
 3. (c) Social Security No. 496-01-6372

4. Sex Male 0 5. Color or race White  
 6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased February 16, 1885  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>27</u>	hr. _____ min. _____

9. Birthplace Kansas City, Missouri 0  
(City, town, or county) (State or foreign country)

10. Usual occupation Proof Reader  
Kansas City Times

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

12. Name John R. Hays 0  
 13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Addie Lynch 0  
 15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Edward A. Hays  
 (b) Address 913 A. South Sarah St. Louis

17. (a) Burial (b) Date thereof 4-16-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Union Cemetery

18. (a) Signature of funeral director John W. Wagner  
Kansas City, Missouri  
 (b) Address \_\_\_\_\_

19. (a) 4-15-47 (b) Theraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13th  
 year 1947 hour Eight minute 40 P. M.

21. I hereby certify that I attended the deceased from April 4, 1947 to April 13, 1947  
 that I last saw him alive on April 13, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Pericarditis which  
General Pericarditis 11 days  
toxic myocarditis 36 hrs  
Immediate cause of death.

Due to toxic myocarditis  
Immediate cause of death.

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Same  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 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) Mode 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? 0

While at work? \_\_\_\_\_ (Specify type of place)  
 (c) Means of injury \_\_\_\_\_  
 23. Signature Leo G. O'Brien (M. D. or other) M.D.  
 Address 306 E. 12 K.C. Mo Date signed 4-15-47

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

MOTHER FATHER

120 a. B. (Bureau 111.100)  
Angry Le Bg. No 5037

**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 Alvin R. Haunschuld

Licensed Embalmer No. 4159

P. O. Address Kansas City Mo

**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.**