

S. No. 2
OM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17443

FILED MAY 29 1947

State File No. _____

Registration District No. 199

Primary Registration District No. 1002

Registrar's No. 2194

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: General Hospital #1 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 hr.
(Specify whether in this community _____ years, months or days) since 1933

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson ⁴⁸

(c) City or town Kansas City ³
(If outside city or town limits, write "RURAL")

(d) Street No. 6611 E. 18 ⁸
(If rural, give location)

(e) Citizen of foreign country? No. (Yes or No) ⁰
If yes, name country _____

3. (a) PRINT FULL NAME HASKELL ANNA PEARL

3. (b) If veteran, name war No.

3. (c) Social Security No. 493-12-3263

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 17
year 1947 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from May 17 1947 to 5-17 1947
that I last saw her alive on 5-17 1947
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race WB

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

6. (b) Name of husband or wife Stifford F. Haskell

6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased 2-1-1897
(Month) (Day) (Year)

Immediate cause of death Cerebral vascular accident

Duration _____

8. AGE: Years 50 Months 3 Days 16 hr. _____ min. _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) 832

9. Birthplace HARRISON County Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

Major findings: Of operations _____

Of autopsy As above

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____

12. Name George Washington Grace

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

14. Maiden name Phoebe Jane Bell

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

16. (a) Informant Clifford Haskell

(b) Address 6611 E. 18

17. (a) Ann (b) Date thereof 5-20-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery Mo.

18. (a) Signature of funeral director John P. Shiel

(b) Address Kansas City Mo.

19. (a) 5-19-47 (b) E. Eldridge 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) _____
(c) Means of injury _____

23. Signature Wm W. Hoop (M. D. or other) MD
Address Gen. Hoop #1 Date signed _____

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

MOTHER FATHER

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.....

John P. Shell

Licensed Embalmer No. *3625*

P. O. Address *166 Me.*

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.