

No. 2
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5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17446
Registrar's No. 2116

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City Missouri
(c) Name of hospital or institution: Research Hospital 23rd & Holmes
(d) Length of stay: In hospital or residence 2 weeks
In this community 2 weeks

3. (a) PRINT FULL NAME Harry H. Hays
3. (b) If veteran, name war no
3. (c) Social Security No. None

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mrs. Anna J. Hays
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased Nov. 10 1889

8. AGE: Years 58 57 Months 26 Days 1

9. Birthplace Kansas

10. Usual occupation Farmer

11. Industry or business

12. Name Henry Hays

13. Birthplace Kansas

14. Maiden name Sarah Barnes

15. Birthplace Kansas

16. (a) Informant Anna Hays
(b) Address Smith Center, Kansas

17. (a) removal
(b) Date thereof 5-13-47

(c) Place: burial or cremation Smith Center Kansas

18. (a) Signature of funeral director
(b) Address Kansas City Kansas

19. (a) 5-13-47
(b) Geraldine Holmes

2. USUAL RESIDENCE OF DECEASED:
(a) State Kansas (b) County Smith
(c) City or town Gaylord
(d) Street No.
(e) Citizen of foreign country? no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1947 hour 5 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 8, 1947, to May 10, 1947, that I last saw him alive on May 10, 1947, and that death occurred on the date and hour stated above.

Immediate cause of death Venous thrombosis into Bronchus

Due to Aortic Aneurysm

Due to Syphilis

Other conditions 30 d

Major findings: Of operations Left Thoracotomy 12 April 47 - Aneurysm Of autopsy as above

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?

(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 Myron G. Myer (M. D.)
Address 615 Prof Bldg. Kansas City Mo Date signed 11 May 47

FEB 10 1948

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.....

J. M. Swisher

Licensed Embalmer No. 3505

P. O. Address PC Kansas

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.