

FILED JUN 30 1947 / 147

Primary Registration District No. 1002

Registrar's No. 2665

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 No. 10
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 hrs. 40 mins.
(Specify whether years, months or days)

In this community 14 Years
(Specify whether 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. 213 E. 34 Terr. 8
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME MARY EDITH HAUN

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19
year 1947 hour 12 minute 10 A.M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Marcus P. Haun

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased March 29th. 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 18, 1947, to June 19, 1947;
that I last saw h. er alive on June 19, 1947;
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>65</u>	<u>2</u>	<u>20</u>	hr. min.

Immediate cause of death Coronary occlusion

Duration

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

Due to

Due to

10. Usual occupation At Home

Other conditions (Include pregnancy within 3 months of death)

11. Industry or business

Major findings: Of operations

12. Name John Lile

Of autopsy None

PHYSICIAN None
Underline the cause to which death should be charged statistically.

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

14. Maiden name Mary L. Finney

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

16. (a) Informant Marcus P. Haun

(b) Address 213 East 34th. Terrace

17. (a) Removal (b) Date thereof 6 - 21 - 1947
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Tipton, Missouri

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

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

19. (a) 6-20-47 (b) Thereldine Holme
(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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work?

23. Signature Wm W. Hart (M. D. or other) MD

Address Med. Dir. Gen'l Hosp Date signed 6-19-47

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

MOTHER FATHER

Dr. R. B. ...

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. H. Freeman*

Licensed Embalmer No. *2939*

P. O. Address *F. C. 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.