S. No. 2
DM—2-43
v. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUL 3 1947

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 20984

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2750

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 Tuberculosis Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 years 3 day (Specify whether

In this community 6 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 147 S. Drury (If rural, give location) 8

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

If yes, name country

3. (a) PRINT FULL NAME Pauline Virginia Hayes

3. (b) If veteran, name war — no

3. (c) Social Security No. 447-24-9090

4. Sex Female

5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased Sept. (Month) 19 (Day) 1919 (Year)

8. AGE: Years 27 Months 9 Days ~~27~~ 7 If less than one day ..... hr. ..... min.

9. Birthplace Jefferson City (City, town, or county) MO. (State or foreign country)

10. Usual occupation Housewife

11. Industry or business —

FATHER
12. Name John Chas. Meyers
13. Birthplace Herman (City, town, or county) MO. (State or foreign country)

MOTHER
14. Maiden name Sarah Frances Northley
15. Birthplace Lathan (City, town, or county) MO. (State or foreign country)

16. (a) Informant Kansas City Tuberculosis Hosp.

(b) Address Kansas City, MO.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-29-47 (Month) (Day) (Year)

(c) Place: burial or cremation Versilles, Mo.

18. (a) Signature of funeral director C.H. Blackmar & Son, Inc.

(b) Address Kansas City, Mo.

19. (a) 6-27-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 26 year 1947 hour 4 minute 15 P M.

21. I hereby certify that I attended the deceased from ....., 1945, to 6.26, 1947; that I last saw her alive on 6.26.47, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	9 yrs
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

13 B

Major findings:
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) 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? (Specify type of place)

While at work? (e) Means of injury 0

23. Signature D. L. Goffman (M. D. or other)

Address Kansas City MO Date signed 6.26.47

(Licensed Embalmer's Statement on Reverse Side)

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 O. K. McFarland

Licensed Embalmer No. 4397

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.