No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24212

FILED JUL 19 1947

Registration District No. 1949

Primary Registration District No. 1002

Registrar's No. 2901

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: MENORAH HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 WEEK (Specify whether
In this community: 30 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.: 1823 NORTON AVENUE 8
(If rural, give location) 0
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: RAY S. HATHHORN
3. (b) If veteran, name war: No
3. (c) Social Security No.: 510-05-1281
4. Sex: MALE
5. Color or race: WHITE
6. (a) Single, widowed, married, divorced: MARRIED
6. (b) Name of husband or wife: MRS. MARY HATHHORN
6. (c) Age of husband or wife if alive: 52 years
7. Birth date of deceased: FEBRUARY 28 1888 (Month) (Day) (Year)

8. AGE: Years 59 | Months 4 | Days 8 | If less than one day ..... hr. ..... min.

9. Birthplace: CENTERTOWN (City, town, or county) MISSOURI (State or foreign country)
10. Usual occupation: ACCOUNTANT
11. Industry or business: ARMOUR AND COMPANY

FATHER
12. Name: DAVID L. HATHHORN
13. Birthplace: (City, town, or county) IOWA (State or foreign country)

MOTHER
14. Maiden name: MYRA JANE SUNDAY
15. Birthplace: CARTHAGE (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant: MRS. MARY HATHHORN
(b) Address: 1823 NORTON AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: JULY 8 1947 (Month) (Day) (Year)
(c) Place: burial or cremation: MEMORIAL PARK CEM.
18. (a) Signature of funeral director: D. N. Newcomer's Son
(b) Address: 1401 BRUSH CREEK BLVD.
19. (a) 7-8-47 (Date received local registrar) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: JULY day: 6th
year: 1947 hour: 4 minute: P. M.

21. I hereby certify that I attended the deceased from June 29, 1947 to July 6, 1947 that I last saw him alive on July 6, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary occlusion — Duration

Due to:

Due to:

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

Major findings:
Of operations: 94a
Of autopsy:

PHYSICIAN — Underline the cause of 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: M. L. Friedman (M. D. or other) M. D.
Address: 314 Argyle Bldg. Date signed: July 7, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

JUL 22 1947

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 D. A. Nofsinger

Licensed Embalmer No. 3938

P. O. Address Kansas City

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.