

No. 2  
-5-43  
5-17-39  
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THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

38169

State File No.

FILED NOV 24 1947

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4776

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:  
4326 Madison  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution XX (Specify whether  
In this community 80 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. 4326 Madison 8  
(If rural, give location)  
(e) Citizen of foreign country? No. (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME MRS. JACQUETTA M. HALEY

3. (b) If veteran, name war XX NO 3. (c) Social Security No. None

4. Sex Fe 5. Color or race Wh 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Thomas A. Haley 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased February 14 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
84 9 1 0 hr. 0 min.

9. Birthplace Ocheltree 0 Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

MOTHER FATHER { 12. Name Duncan McDonald 9  
13. Birthplace No Record 9  
(City, town, or county) (State or foreign country)  
14. Maiden name " " 9  
15. Birthplace " " 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Caleb J. Haley

(b) Address 304 W. 39th St.

17. (a) Burial (b) Date thereof Nov 17 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cemetery

18. (a) Signature of funeral director J W Wagner  
(b) Address Kansas City, Mo.

19. (a) 11-15-47 (b) Sheraldine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 15th  
year 1947 hour 8: minute 45 A M.

21. I hereby certify that I attended the deceased from 9:30, 1947, to 11:15, 1947;  
that I last saw him alive on 11-15-47, and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary sclerosis  
Due to arteriosclerosis  
Due to \_\_\_\_\_

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

Major findings: 93-2  
Of operations: \_\_\_\_\_  
Of autopsy: Heart + Prostate

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) (e) Means of injury 3  
23. Signature J W Wagner (M. D. or other) 3  
Address 1924 2nd St Date signed 11-15-47

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

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**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..... *Alvin R. Haunschuld*

Licensed Embalmer No. *4159*

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.**