No. 2
1/47
17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JAN 27 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 1122
Registrar's No. 215

Registration District No. 799
Primary Registration District No. 1002

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: 2121 Benton /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 45 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.: 2121 Benton 6
(If rural, give location) 0
(e) Citizen of foreign country?: no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Lyde ~~Haseltine~~ Hertz
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.

4. Sex: female /
5. Color or race: white
6. (a) Single, widowed, married, divorced: widowed
6. (b) Name of husband or wife: Alfred G. Hertz
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: March (Month) 28 (Day) 1856 (Year)

8. AGE: Years 91 Months 9 Days ~~17~~ 16 If less than one day ... hr. ... min.

9. Birthplace: Kansas (City, town, or county) / (State or foreign country)
10. Usual occupation: at home.
11. Industry or business: x

FATHER
12. Name: William Haseltine
13. Birthplace: Ohio / (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Martha Felton
15. Birthplace: Ohio / (City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Hazel Waldron
(b) Address: 121 Ward Parkway, Kansas City, Mo.
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 1--17-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery
18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, Kansas City, Mo.
19. (a) 1-16-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 14 year 1948 hour 10:15 minute P. M.
21. I hereby certify that I attended the deceased from 6-4-47, 19..., to 1-14-48, 19...; that I last saw her alive on 1-14-48, 19...; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral hemorrhage	12 hrs
Due to: General age arteriosclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
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
23. Signature: [illegible] (M. D. ~~or other~~)
Address: [illegible] Date signed 1-14-48.

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. John Wheeler

Prof Path

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 Robert H Reed

Licensed Embalmer No. 3745

P. O. Address K. 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.