No. 2
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 20 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4884

Registration District No. 147 | Primary Registration District No. 1002 | Registrar's No. 675

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: 3240 Norledge, Convalescent home 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. 7 months (Specify whether years, months or days)
In this community 7 months

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas (b) County: 999

(c) City or town: Baldwin 14
(If outside city or town limits, write "RURAL")

(d) Street No.: x 0
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No) 2

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Caroline Hyland

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 2

6. (b) Name of husband or wife: John Hyland

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

7. Birth date of deceased: August (Month) 18 (Day) 1876 (Year)

8. AGE: Years 71 | Months 5 | Days ~~24~~ 25 | If less than one day ____ hr. ____ min.

9. Birthplace: Germany (City, town, or county) 4 (State or foreign country)

10. Usual occupation: Housekeeper 1

11. Industry or business: x

FATHER
12. Name: Frauenfelder
13. Birthplace: Germany (City, town, or county) 4 (State or foreign country) 1

MOTHER
14. Maiden name: unknown,
15. Birthplace: Germany (City, town, or county) 1 (State or foreign country)

16. (a) Informant: Mrs. J. C. Reece,
(b) Address: 2701 Perry, Kansas City, Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 2-13-48 (Month) (Day) (Year)
(c) Place: burial or cremation: Baldwin, Kansas

18. (a) Signature of funeral director: Stine & McClure
(b) Address: 3235 Gillham Plaza, K. C., Mo.

19. (a) 2-14-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 13 year 1948 hour 9:35 minute A. M.

21. I hereby certify that I attended the deceased from Oct 15, 1947, to Feb 13, 1948, that I last saw him alive on Feb 12, 1948, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Congestive Heart Failure	
Due to: Arteriosclerotic Heart Disease	
Due to: Generalized Arteriosclerosis	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: 0	
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) 0
While at work? (e) Means of injury:

23. Signature: Richard L. Lehner (M. D. or other) M.D.
Address: 1630 Professional Bldg. Kc. Mo. Date signed: Feb 13 1948

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr. Lehner, TA 3009

Proof Bldg
Lane 4-30
Vi 1643

APR 6 1948

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.....

Licensed Embalmer No.....

P. O. Address.....

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.