No. 2
1/47
17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 36591

FILED DEC 14 1948

Registration District No. 949

Primary Registration District No. 1002

Registrar's No. 4959

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

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

(d) Length of stay: In hospital or institution 1 hour (Specify whether
In this community 6 days
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

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

(d) Street No. 1317 N. Spring
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Debara Ann Hays

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. 27, 1948 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
0	0	6	hr. min.

9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation infant

11. Industry or business

FATHER
12. Name Harry F. Hays, Jr.
13. Birthplace Independence, Mo. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Louise Frank
15. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Harry F. Hays, Jr.

(b) Address 1317 N. Spring, Independence, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12/6/48 (Month) (Day) (Year)

(c) Place of burial or cremation Woodlawn Cemetery Indep. Mo

18. (a) Signature of funeral director Geo. C. Carson

(b) Address Independence, Mo.

19. (a) 12-4-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 2
year 1948 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from Nov 27, 1948, to Dec 3, 1948; that I last saw her alive on Dec 3, 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Massive Right Atelectasis

Due to Enlarged Thymus

Due to

Other conditions (Include pregnancy within 3 months of death) 151

Major findings:
Of operations

Of autopsy Massive Right Atelectasis Enlarged Thymus Congenital Anomaly Left Auricle

Duration

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? Richard C. Sheck (Specify type of place)

While at work? (e) Means of injury 2

23. Signature Richard C. Sheck DO (M. D. or other)

Address 1100 8 1/2 Winner Indep Mo Date signed 12/3/48

Jefferson City Printing Co.

(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 John M. Hileman, Registered Apprentice No. 269, working under my personal supervision.

Signed R. A. Lisle

Licensed Embalmer No. 4123

P. O. Address Independence, 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.