

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15911  
2274

FILED JUN 10 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>35 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		41 3
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wheatley Providence</u>			d. STREET ADDRESS (If rural, give location) <u>2532 Woodland</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Carrie Elizabeth</u> b. (Middle) <u>Hayes</u> c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>May 22, 1949</u>		
--	--	--	--	--	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>March 11, 1888</u>		9. AGE (In years) (last birthday) <u>61</u>		IF UNDER 1 YEAR Months	IF UNDER 4 HRS. Hours	Min.
----------------------	-------------------------------	---	--	--	---	--	------------------------	-----------------------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Belton, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
--	--	-----------------------------------	--	---	--	---	--

13a. FATHER'S NAME <u>Daniel Tucker</u>		13b. MOTHER'S MAIDEN NAME <u>Clara Miller</u>		14. NAME OF HUSBAND OR WIFE <u>Samuel Hayes</u>	
---	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-24-5860</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Marie Hunter</u> ADDRESS <u>2003 Prospect</u>	
--	--	--	--	--	--

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of the Right Breast</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to the Right Lung</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (2) <u>Joycemia 170X</u>				INTERVAL BETWEEN ONSET AND DEATH
---	---	--	--	--	----------------------------------

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
------------------------------------	----------------------------------	--	--	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
--	--	--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
--	--	--	--	----------------------------	--

22. I hereby certify that I attended the deceased from July 5, 1948 to May 22, 1949, that I last saw the deceased alive on May 22, 1949 and that death occurred at 4:40 PM from the causes and on the date stated above.

23a. SIGNATURE <u>Royall B. Fleming</u> (Degree or title) <u>Royall B. Fleming MD</u>		23b. ADDRESS <u>1433 E-19th St</u>		23c. DATE SIGNED <u>5/23/49</u>	
---	--	------------------------------------	--	---------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>5/26/49</u>	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State) <u>Belton, Missouri</u>		
--	--------------------------	------------------------------------	---	--	--

DATE REC'D BY LOCAL REG. <u>5-25-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Watkins Bros. 1729 Lydia</u> ADDRESS	
---	--	--	--	--	--

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

**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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Signed *J. J. Manlove*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 399K1

P. O. Address 2503 Highland

**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.