

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34010

State File No.

FILED NOV 7 - 1956

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4606

1. PLACE OF DEATH
a. COUNTY **Jackson**
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City** c. LENGTH OF STAY (In this place) **unknown**
c. CITY OR TOWN **Kansas City** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION: **General Hospital #2**
e. STREET ADDRESS (If rural, give location) **1120 East 18th St.**

3. NAME OF DECEASED a. (First) **James** b. (Middle) _____ c. (Last) **Haggard** 4. DATE OF DEATH (Month) (Day) (Year) **9 30 1956**

5. SEX **male** 6. COLOR OR RACE **Negro** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **widowed** 8. DATE OF BIRTH **8-16-1879** 9. AGE (In years last birthday) **77** IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **unknown** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **Helena, Arkansas** 12. CITIZEN OF WHAT COUNTRY? **America**

13a. FATHER'S NAME **James Haggard** 13b. MOTHER'S MAIDEN NAME **Julie ?** 14. NAME OF HUSBAND OR WIFE **Unknown**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. **?** 17. INFORMANT'S SIGNATURE OR NAME **Deceased** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Primary Carcinoma of lung with metastasis.** INTERVAL BETWEEN ONSET AND DEATH _____

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. **Congestive heart failure.**

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **9-26-56**, 19____, to **9-30-56**, 19____, that I last saw the deceased alive on **9-30-56**, 19____, and that death occurred at **4:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **W. R. Peterson M.D.** 23b. ADDRESS **600 E. 22nd St.** 23c. DATE SIGNED **9-30-56**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Removed** 24b. DATE **10-24-56** 24c. NAME OF CEMETERY OR CREMATORY **K.C. Dental College** 24d. LOCATION (City, town, or county) (State) **K.C. Mo.**

DATE REC'D BY LOCAL REG. **10-24-56** REGISTRAR'S SIGNATURE **Neva Marshall** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Max Love & Williams 1729 Lydia**

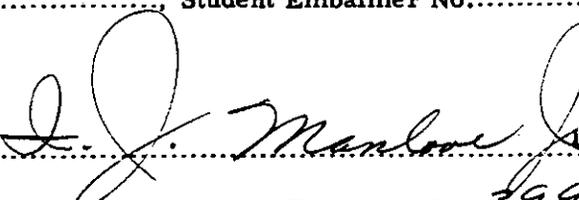
(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD
W. R. Peterson

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..

Student.....
Signature of Student Embalmer

Signed..... 

Licensed Embalmer No. 399

P. O. Address 3712 E

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.