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13-40
7-39
X23159

Registration District No. 399

Primary Registration District No. 1002

1. PLACE OF DEATH: Jackson

(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: 3512 Troost
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 36 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Sallie A. Mayes

3. (b) If veteran, name war XX

3. (c) Social Security No. None

4. Sex Fe

5. Color or race Wh

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

6. (b) Name of husband or wife John Mayes

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

7. Birth date of deceased: April 1 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months 11 Days 28 If less than one day hr. min.

9. Birthplace Choteau Okla.
(City, town, or county) (State or foreign country)

10. Usual occupation At Home

11. Industry or business

12. Name Jake Alberty

13. Birthplace Georgia
(City, town, or county) (State or foreign country)

14. Maiden name Alvira Waite

15. Birthplace Georgia
(City, town, or county) (State or foreign country)

16. (a) Informant J. L. Oldham

(b) Address 4951 Forest

17. (a) Burial (b) Date thereof 3-31-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director J. M. Wagner

(b) Address Kansas City, Mo.

19. (a) 3/31/41 (b) M. M. Groom
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State Missouri (b) County Jackson

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

(d) Street No. 3512 Troost
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 29
year 1941 hour 8 minute 50 A.M.

21. I hereby certify that I accepted the deceased from Dr. [Signature] on 3/29/41 at 3:30 P.M. that I last saw him alive on 3/29/41 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive heart disease

Due to 3/29/41

Due to 3/29/41

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Inspection

PHYSICIAN

Underline the cause to 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?

While at work? (Specify type of place) (M. D. or other)

(a) Means of injury 3/29/41

23. Signature [Signature] (M. D. or other) 3/29/41

Address [Signature] Date signed 3/29/41

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

MOTHER FATHER

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.....

A. R. Haunschild

Licensed Embalmer No.....

4159

P. O. Address.....

Kansas city

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.