

FILED JAN 11 1943

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4884

39715

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: 2620 Euclid /  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 16 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2620 Euclid  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

3. (a) PRINT FULL NAME Mary Green Hackworth  
(b) If veteran, name war None  
(c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Dec. day 26th year 1942 hour 2 minute 25 P. M.  
21. I hereby certify that I attended the deceased from 5/30/42 to 12/26/42  
that I last saw her alive on 12/26/42 and that death occurred on the date and hour stated above.

4. Sex Fe 5. Color or race 3 Col 6. (a) Single, widowed, married, divorced 2 Widowed  
(b) Name of husband or wife Pleas Hackworth (c) Age of husband or wife if alive 8 years  
7. Birth date of deceased Sept. 8, 1851  
(Month) (Day) (Year)

Immediate cause of death Uremia Duration 5 hrs  
Due to Chronic Brights Disease. 6 mos.

8. AGE: Years 91 Months 3 Days 18 If less than one day hr. min.

Due to 13ia  
Other conditions Chronic Myocarditis ?????  
(Include pregnancy within 3 months of death)

9. Birthplace Missouri (City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Major findings:  
Of operations -----  
Of autopsy -----  
PHYSICIAN -----  
Underline the cause to which death should be charged statistically.

MOTHER FATHER { 11. Industry or business Jerry Walton  
12. Name Jerry Walton  
13. Birthplace Missouri (City, town, or county) (State or foreign country)  
14. Maiden name Susie  
15. Birthplace Missouri (City, town, or county) (State or foreign country)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) No  
(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? -----

16. (a) Informant Anna R. Bailey  
(b) Address 2620 Euclid  
removal (c) Date thereof 12/29/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Eudora, Kansas  
18. (a) Signature of funeral director Hatkins Bros.  
(b) Address 1729 Lydia  
19. (a) 12-29-42 (b) M. M. Crowe  
(Date received local registrar) (Registrar's signature)

While at work (Specify type of place) (e) Means of injury -----  
23. Signature Elijah A. Walker (M. D. or other)  
Address 1820 Vine KC. Mo Date signed 12/28/42

WRITE PLAINLY—USE 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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

*Issac J. Manlove*

Licensed Embalmer No. *3994*

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.**