DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 27520

ED SEP 7 1943

Registration District No. 1449

Primary Registration District No. 1007

Registrar's No. 3680

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: Steva Convalescent 4324I Wabash
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 50 Days (Specify whether years, months or days)
In this community: 50 Days

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Jackson 48
(c) City or town: Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No.: 324I Wabash
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: no 0

3. (a) PRINT FULL NAME: Hazel L. Yates
3. (b) If veteran, name war: no
3. (c) Social Security No.: no
4. Sex: fe
5. Color or race: wh
6. (a) Single, widowed, married, divorced: Wide d
6. (b) Name of husband or wife: Unknown
6. (c) Age of husband or wife if alive: years
7. Birth date of deceased: Oct (Month) 14th (Day) 190 I (Year)
8. AGE: Years 4I Months I0 Days 9 If less than one day hr. min.
9. Birthplace: Illinois (City, town, or county) / (State or foreign country)
10. Usual occupation: Home
11. Industry or business:
12. Name: Henry E. Sehy
13. Birthplace: Illinois (City, town, or county) / (State or foreign country)
14. Maiden name: Sarah E. Muser
15. Birthplace: Kansas (City, town, or county) / (State or foreign country)
16. (a) Informant: Henry E. Sehy
(b) Address: 3516 So Benton
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 8 26 I 943 (Month) (Day) (Year)
(c) Place: burial or cremation: Green Lawn Cem
18. (a) Signature of funeral director: Eylar Funeral Home
(b) Address: I800 Linwood Blvd
19. (a) 8-25-43 (Date received local registrar) (b) T. G. Beacon (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 23 year: I943 hour: I130 PM minute: M.
21. I hereby certify that I attended the deceased from July 3, 1943 to Aug. 23, 1943 that I last saw her alive on Aug. 21, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Uterus	4 mo.
Due to: 48 hr	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None	
Of autopsy: None	

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): None
(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? (Specify type of place)
While at work: (e) Means of injury: 0
23. Signature: Kenneth A. Davis (M. D. or other) M.D.
Address: 20 Plaza Theater Bldg Date signed: 8-24-43

(Licensed Embalmer's Statement on Reverse Side)

DR DAVIS
3228 EUCLID

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 Chas Wilks

Licensed Embalmer No. 2644

P. O. Address 1800 Linwood

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

State of Missouri } SS.
County of Jackson }

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

AFFIDAVIT FOR CORRECTION OF A RECORD

State File No.
Local Registrar's No. 368 d

On this 8th day of September, 1943, before me appears Edith Troppito, who, upon oath, states that the original record of ~~birth~~ death for Hazel Yates, ~~born~~ died Aug. 23, 1943 in the State of Missouri, and which was filed at K. C. Mo. on 8-25, 1943 should be corrected as follows:

Item No. 3 should read Hazel Louise Yates
Instead of Hazel L. O. Yates

Item No. ..... should read .....
Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

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Instead of .....

Item No. ..... should read .....
Instead of .....

Item No. ..... should read .....
Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Edith Troppito (Sister)
Relationship.

3514 S. [illegible]
Present Address.

Subscribed and sworn to before me this 8th day of Sept, 1943

My Commission expires MAY 3 1944

Lucia M. Wheeler Notary Public.

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