

7. S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 1 1944

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 13799
Registrar's No. 1660

Registration District No. 149 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: General Hospital No. 2
(d) Length of stay: In hospital or institution 4-5-44-4-10-44
In this community 3 weeks

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2323 Lydia
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME HAZEL MOTLEY
3. (b) If veteran, name war no
3. (c) Social Security No. none

4. Sex Female 5. Color or race Negro
6. (a) Single, widowed, married, divorced married
6. (c) Age of husband or wife if alive 47 years
7. Birth date of deceased April 24 1923

8. AGE: Years 20 Months 11 Days 17 1/2 hr. min.

9. Birthplace Homer Louisiana

10. Usual occupation housewife

11. Industry or business

12. Name Elton Ivory

13. Birthplace Homer Louisiana

14. Maiden name Minnie Henry

15. Birthplace Homer Louisiana

16. (a) Informant Record Clerk

(b) Address General Hospital No. 2

17. (a) Removal (b) Date thereof 4-14-44

(c) Place: burial or cremation Homey, Louisiana

18. (a) Signature of funeral director Jackson - Williams

(b) Address 1513 Forest

19. (a) Date received local registrar 4-14-44 (b) Registrar's signature N. E. Brown

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 10 year 1944 hour 5:40 minute P. M.

21. I hereby certify that I attended the deceased from April 5 1944 to April 10 1944
that I last saw her alive on April 10 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar Pneumonia

Due to...
Due to...

Other conditions
Major findings: Of operations
Of autopsy

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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)
(e) Means of injury
23. Signature J. G. Brown (M. D. certified)
Address New Hwy #2-600 E 22 Date signed 4-12-44

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

MOTHER FATHER

48
3
8
0

Duration

108

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 W. M. Querton

Licensed Embalmer No. 2007

P. O. Address F. B. Kase

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.