S. No. 2
M—2-43
. 5-17-39
P I X35697

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

4647

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5658

FILED FEB 19 1946

Registration District No. 14

Primary Registration District No. 1002

Registrar's No. 585

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: 1035 W. Meyer Bouleard
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether
In this community: 15 years
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.: 1035 W. Meyer Boulevard.
(If rural, give location)

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Agnes L. Haskell

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Henry J. Haskell

6. (c) Age of husband or wife if alive: 68 years

7. Birth date of deceased: March (Month) 27 (Day) 1876 (Year)

8. AGE: Years 69 Months 10 Days 7 If less than one day hr. min.

9. Birthplace (City, town, or county): Missouri (State or foreign country)

10. Usual occupation: at home.

11. Industry or business: x

FATHER 12. Name: Charles S. Lee

FATHER 13. Birthplace (City, town, or county): U. S. (State or foreign country)

MOTHER 14. Maiden name: Mary Geiger

MOTHER 15. Birthplace (City, town, or county): U. S. (State or foreign country)

16. (a) Informant: Henry J. Haskell.

(b) Address: 1035 W. Meyer Blvd., K. C., Mo.

17. (a) removal (Burial, cremation, or removal) (b) Date thereof: 2-6-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Jefferson City, Missouri

18. (a) Signature of funeral director: Stine & McClure.

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-5-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: February day: 4 year: 1946 hour: 2:30 minute: A. M.

21. I hereby certify that I attended the deceased from: May 2, 1945, to: Febr 4, 1946; that I last saw h[illegible] alive on: Febr 4, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic rheumatic valvulitis of tricuspid, mitral and aortic valves — with	30 yrs
~~Due to~~ Tricuspid valve insufficiency	25 yrs
congestive heart failure	3 months
~~Due to~~ Acute infarction of right auricle —	1 hour

Other conditions: —
(Include pregnancy within 3 months of death)

Major findings:
Of operations: — 92.18

Of autopsy: as above —

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? (Specify type of place)

While at work? — (e) Means of injury: —

23. Signature: Graham Asher (M. D. or other) M.D.

Address: 1220 Prof. Bldg. Date signed: 2-4-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Graham Asher

OCT 15 1946

MAR 19 1946

JUL 3 1958

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 E. M. Plank

Licensed Embalmer No. 1848

P. O. Address K. C. Mo

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.