

S. No. 2
M-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9449**
Registrar's No. **1461**

FILED APR 10 1946

Registration District No. 149 Primary Registration District No. 1002

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 min.
(Specify whether
In this community 13 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. 624 Charlotte
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Robert Hayes
(b) If veteran, name war no
(c) Social Security No. 495-10-3386

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 3 day 12
year 1946 hour 8:45 minute 0 M.
21. I hereby certify that I attended the deceased from born 19____ to _____, 19____;
that I last saw h. _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Juanita Hayes
6. (c) Age of husband or wife if alive 31 years
7. Birth date of deceased September - 15 - 1907
(Month) (Day) (Year)

Immediate cause of death Cerebral pneumonia
Due to acute bacterial heart
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: 107
Of operations _____

8. AGE: Years Months Days If less than one day
38 45 27 hr. _____ min.

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
Of autopsy no
Healing & Impetigo

9. Birthplace Jeanetta La.
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer

MOTHER FATHER {
11. Industry or business _____
12. Name James Hayes
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Anna
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Juanita Hayes
(b) Address 624 Charlotte, Kansas City, Mo.
17. (a) Burial (b) Date thereof 3/27/46
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland Cemetery

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) (e) Means of injury _____

18. (a) Signature of funeral director E. Stelling Wells
(b) Address 121 Vine St. Kansas City, Mo.
19. (a) 3-27-46 (b) Theralline Holmes
(Date received local registrar) (Registrar's signature)

23. Signature Juanita Hayes (M.D. or other) _____
Address 1424 1/2 St. Jc. Date signed 3-14-46

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 1947
MAY 1 1947

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. Steubing Bells
Licensed Embalmer No. 3178
P. O. Address 1212 Ave K.E.M.

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.