

S. No. 2
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5-17-39
PI X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4862**
Registrar's No. **814**

FILED MAR 3 1947

Registration District No. **149**

Primary Registration District No. **1002**

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

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**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 hrs. 30min.**
In this community **40 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. **1211 Prospect**
(If rural, give location)
(e) Citizen of foreign country? **no** (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Hair, Laura FRANCES**
(b) If veteran, name war **no**
(c) Social Security No. **no**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **February** day **20**
year **1947** hour **8** minute **15** P.M.
21. I hereby certify that I attended the deceased from **February 20, 1947** to **February 20, 1947**
that I last saw her alive on **February 20, 1947**
and that death occurred on the date and hour stated above.

4. Sex **female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **WIDOW**
(b) Name of husband or wife **FRANK HAIR**
(c) Age of husband or wife if alive _____ years
7. Birth date of deceased **DEC. 29 - 1865**
(Month) (Day) (Year)

Immediate cause of death **terminal Bronchopneumonia**
Due to _____
Due to _____
Other conditions (Include pregnancy within 3 months of death) _____
Major findings: Of operations _____
Of autopsy **See above**

8. AGE: Years **81** Months **00** Days **28**
If less than one day hr. _____ min. _____

9. Birthplace **SPRINGFIELD ILLINOIS**
(City, town, or county) (State or foreign country)

10. Usual occupation **AT HOME**

11. Industry or business _____

12. Name **WILLIAM T. DAVIS**

13. Birthplace **SPRINGFIELD ILLINOIS**
(City, town, or county) (State or foreign country)

14. Maiden name **MARY ELLEN BARTON**

15. Birthplace **BEARSTOWN OHIO**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Lorna Conway**

(b) Address **2903 Euclid Ave No**

17. (a) **Cremation** (b) Date thereof **2/22 47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. New comers ch**

18. (a) Signature of funeral director **St. New comers ch**

(b) Address **1401 Brook Creek Rd No**

19. (a) **2-22-47** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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? _____

While at work? _____ (Specify type of place)
(c) Means of injury **Med Dir. Gen'l Hosp # 1**
23. Signature **Wm W. [unclear]** (M. D. or other) **MD**
Address **Med Dir. Gen'l Hosp # 1** Date signed **2-21-47**

Mr. Benkrecht
Mr. Fitzwilliam

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

Melvin Moller

Licensed Embalmer No.

2407

P. O. Address

Kansas City 2, 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.