

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8420

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 917

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 1906
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3647 Charlotte

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City
d. STREET ADDRESS (If rural, give location) 3647 Charlotte

3. NAME OF DECEASED
a. (First) E. b. (Middle) Louise c. (Last) Hayden
4. DATE OF DEATH (Month) (Day) (Year) 2-25-49

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH July 2, 1865 9. AGE (In years last birthday) 83

10a. USUAL OCCUPATION (The kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wis. / 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Charles Regensdorf 13b. MOTHER'S MAIDEN NAME Hana Sutton 14. NAME OF HUSBAND OR WIFE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. No 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Carol Hayden 3647 Charlotte

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
MEDICAL CERTIFICATION
ANTECEDENT CAUSES DUE TO (b) Arterial hypertension
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
3317
INTERVAL BETWEEN ONSET AND DEATH 3 hrs
20 yrs plus

19a. DATE OF OPERATION None 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) No 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 21, 1944, to February 25, 1949, that I last saw the deceased alive on Feb. 25, 1949, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE V. W. Harrod (Degree or title) 23b. ADDRESS 402 Wirthman, Bldg 23c. DATE SIGNED Feb, 26, 49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 2-28-49 24c. NAME OF CEMETERY OR CREMATORY Forest Hill 24d. LOCATION (City, town, or county) (State) Kansas City, Mo.

DATE REC'D BY LOCAL REG. 2-28-49 REGISTRAR'S SIGNATURE Gladstone Holmes 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & McCLURE Kansas City, Mo.

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

Mr. D. W. Starnes
Winchester, Ky.

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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Robert H. Reed

Signed _____

Student Embalmer

Licensed Embalmer No. 3745

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.