# MISSOURI STATE BOARD OF HEALTH
## BUREAU OF VITAL STATISTICS
### CERTIFICATE OF DEATH

Do not use this space.

22879

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. [illegible]
Township Kan — Primary Registration District No. 12 [illegible] — Registered No. [illegible]
City of Kansas City (No. Keystone Hotel St. Ward)

2. FULL NAME Edward P. Hallenbeck
(a) Residence. No. Keystone Hotel St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20th 1882

7. AGE: YEARS 48 — MONTHS 0 — DAYS 21 — If LESS than 1 day, ....hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kansas

PARENTS
10. NAME OF FATHER Aaron P. Hallenbeck
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Mildred
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Ireland

14. INFORMANT Mrs. E. P. Hallenbeck
(Address) Keystone Hotel

15. FILED 7/13, 1930 M. M. Crowe asst REGISTRAR

## MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 11 1930

17. I HEREBY CERTIFY, That I attended deceased from 7/11, 1930, to 7/11, 1930 that I last saw him alive on 7-11, 1930, and that death occurred, on the date stated above, at 11:00 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage
82A
77
(duration) ✓ yrs. ✓ mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis
(duration) ✓ yrs. ✓ mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED? Place of death
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? ✓ DATE OF
WAS THERE AN AUTOPSY? ✓
WHAT TEST CONFIRMED DIAGNOSIS? Medical

(Signed) M. F. Sewell, M. D.
7/12, 1930 (Address) 206 Wirthman Bldg

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Memorial Park Cemetery — DATE OF BURIAL: 7/14/1930

20. UNDERTAKER: J. F. Donnell Co. — ADDRESS: 3256 Broadway

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

[illegible] UNPADING INK—THIS IS A PERMANENT RECORD