

REC'D NOV 7 1938

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

34627

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Kaw Primary Registration District No. 1002
(c) City Kansas City (d) Street No. 5109 Cherry Registered No. 3963
(If death occurred in Hospital or Institution, write its name instead of street and number) St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Linda Southall Hall

(a) Residence, No. 5109 Cherry St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Herbert F. Hall

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 2, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
79 9 8

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. At home
10. Date deceased last worked at this occupation (month and year).....
11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Virginia

FATHER 13. NAME George Southall

14. BIRTHPLACE (CITY OR TOWN) No record
(STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME No record

16. BIRTHPLACE (CITY OR TOWN) No record
(STATE OR COUNTRY)

17. INFORMANT Herbert F. Hall (Husband)
(ADDRESS) 5109 Cherry St., Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL Forest Hill Cemetery
PLACE Kansas City, Mo. DATE Oct. 12, 1938

19. FUNERAL DIRECTOR (NAME) Stine & McClure
(ADDRESS) Kansas City, Missouri.

20. FILED Oct 11, 1938 M. M. Cronin
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 2, 1938, to Oct 10, 1938
I last saw h. a. c. alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 4 P. m.
The principal cause of death and related causes of importance were as follows:

Myocarditis Date of onset
Cardiac Dilatation 6 weeks
Cardiac Failure 93 H 3 months
Other contributory causes of importance:
Pulmonary edema 6 weeks
Acute Pulmonary edema 3 days
Urinary Stenosis 2 days
Name of operation None Date of None

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify.....

(Signed) L. S. McClure, M. D.
(Address) 1132 Professional Bldg

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.