

REC'D DEC 14 1938

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

38151  
Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 399  
 (b) Township Raw Primary Registration District No. 100  
 (c) City Kansas City (d) Street No. 800 Penn St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (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 Raymond L. Hall  
 (a) Residence, No. 800 Penn 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 14 - 1896

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>42</u>	<u>7</u>	<u>24</u>	

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Locomotive  
 9. Industry or business in which work was done, as saw mill, bank, etc. Fireman  
 10. Date deceased last worked at this occupation (month and year) Mar 1 R Ry 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 0

FATHER  
 13. NAME Elza J. Hall  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 0

MOTHER  
 15. MAIDEN NAME Kathrine Kragg  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss 0

17. INFORMANT (NAME) Kathrine M Hall  
 (ADDRESS) 800 - Penn

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakland Cem DATE Nov - 11 1938

19. FUNERAL DIRECTOR (NAME) Wm C R Foster  
 (ADDRESS) 918 Brooklyn

20. FILED Nov 10 1938 M. M. Browne  
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-8-38, 1938

22. I HEREBY CERTIFY That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 1938  
 I last saw \_\_\_\_\_ live on \_\_\_\_\_, 1938. Death is said to have occurred on the date stated above, at 10:25 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bilateral chronic fibro-calcious tuberculosis & cavitation and fatal hemorrhage  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 23

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1938  
 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? Y  
 If so, specify \_\_\_\_\_  
 (Signed) Dr. H. H. ..., M. D.  
 (Address) Gen Hosp; K. C. Mo.

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.

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**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.**