

REG'D FEB 20 1939

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

1366
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. 2621 Park 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

240 Mrs. Hallie May Hukel
 (a) Residence, No. 2621 Park 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 Charles L. Hukel

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 26, 1889

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 8 1

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME William H. Marts

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Virginia

15. MAIDEN NAME Sarah Esry

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Charles L. Hukel
2621 Park

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly, Mo. DATE Jan. 28, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) QUIRK & TOBIN CO.
KANSAS CITY, MO.

20. FILED Jan 29, 1939 M. M. Brown
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 27, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb 8, 1939, to Jan 27, 1939

I last saw her alive on Jan 26, 1939. Death is said to have occurred on the date stated above, at 9:30 a. m. 1-27-39
 The principal cause of death and related causes of importance were as follows:

Arterial Hypertension

94%

Other contributory causes of importance:

Coronary Occlusion

Date of onset

Jan 26
1939?

Name of operation Date of

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) F. B. Wallace, M. D.

(Address) 703 Lallwood Bldg KC, Mo.

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.