

REC'D SEP 20 1939

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

29337  
 Do not use this space.

1. PLACE OF DEATH  
 (a) County Jackson Registration District No. 398  
 (b) Township B. lue Primary Registration District No. 55.54  
 or Independence, Mo.  
 (c) City Independence, Mo. (d) Street No. RFD#1 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 Mrs. Nancy Catherine Hall  
 (a) Residence, No. RFD#1, Independence, Mo. St.  Indep. Mo.  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  
Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
84 1 15

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Homemaker  
 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

FATHER 13. NAME Samuel C. Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va

MOTHER 15. MAIDEN NAME Sarah Staton,

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

17. INFORMANT Mrs. Kathryn Fields,  
 (ADDRESS) RFD#1, Indep. Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Woodlawn Cem. DATE Aug. 20-39

19. FUNERAL DIRECTOR (NAME) C.H. Blackman & Son, Inc  
 (ADDRESS) 2825 Indep. Blvd, K.C. Mo.

20. FILED 8-19-39 F. L. Cook  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19th 1939

22. I HEREBY CERTIFY, That I attended deceased from April 1st 1939 to August 19- 1939  
 I last saw her alive on Aug 19- 1939 Death is said to have occurred on the date stated above, at 5:50 m. AM  
 The principal cause of death and related causes of importance were as follows:

Branch's Pneumonia

Date of onset

Aug 13-39

Other contributory causes of importance:

Senility & Inattention

Name of operation none Date of.....

What test confirmed diagnosis? Clinical Was there an autopsy?.....

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) P. L. Allen, M. D.

(Address) Indep. Mo.

2 tier 4

Dr. C.H. Allen,

First Natl Bank Bldg.  
Indep. 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.**