

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4706

1. PLACE OF DEATH:

JACKSON
(a) County
(b) City or town KANSAS CITY
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3316 Troost
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 25 years
(Specify whether years, months or days)
In this community 25 years
(Specify whether years, months or days)

8. (a) PRINT FULL NAME BERT FRANK HALE 400

8. (b) If veteran, name war. No 8. (c) Social Security No. No No

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife Myrtle A 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased March 8 1893
(Month) (Day) (Year)

8. AGE: Years 46 Months 9 Days 3 If less than one day hr. min.

9. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation none

11. Industry or business Sick most of life

12. Name Ank Hale

13. Birthplace Bolivar, Missouri
(City, town, or county) (State or foreign country)14. Maiden name Sarah E. Unknown
(City, town, or county) (State or foreign country)15. Birthplace Springfield, Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Myrtle Hale

(b) Address 3316 Troost

17. (a) Burial (b) Date thereof 12-13-39
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt Hope Cem

18. (a) Signature of funeral director Eads Bros. Funeral Home Rattie M. Eads

(b) Address 1416 Winn. Ave. 1 Page City Mo

19. (a) Dec. 12, 1939 (b) Registrar's signature M. M. Brown
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

MISSOURI / JACKSON
(a) State (b) County
(c) City or town KANSAS CITY
(If outside city or town limits, write "RURAL")
(d) Street No. 3316 Troost
(If rural, give location)
(e) If foreign born, how long in U. S. A. 7 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11th
year 1939 hour 6 minute 45 A M.

21. I hereby certify that I attended the deceased from 11:00 AM to 11:00 AM, 1939

that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death Duration

Perforated duodenal ulcer
with generalized peritonitis

Due to _____

Due to _____ 11703

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy See above

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) [Signature]

Address [Signature] Date signed [Signature]

JAN 13 1940

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 Orville H. Beckwith

Licensed Embalmer No. 3937

P. O. Address Kansas City, Kansas

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.