DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 42298

Registration District No. 399 — Primary Registration District No. 1002 — Registrar's No. 4707

MAR 12 1940

1. PLACE OF DEATH:

(a) County: Jackson,

(b) City or town: Kansas City, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Elsmere Hotel, Linwood & Troost, 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: x
In this community: October, 1, 1939 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Kansas — (b) County: Jackson,

(c) City or town: Edwardsville, Kans
(If outside city or town limits, write "RURAL")

(d) Street No.: Lake of the Forest Club
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Mrs. Grace D. Hale, 40B

3. (b) If veteran, name war: x

3. (c) Social Security No.: 68 x

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married,

6. (b) Name of husband or wife: C. W. Hale,

6. (c) Age of husband or wife if alive: 68 x years

7. Birth date of deceased: May (Month) 14 (Day) 1872 (Year)

8. AGE: Years 67 | Months 6 | Days 26 | If less than one day ____ hr. ____ min.

9. Birthplace: West Birginia, (City, town, or county) (State or foreign country)

10. Usual occupation: housewife,

11. Industry or business: x

MOTHER FATHER
12. Name: Anderson P. Summerfield,
13. Birthplace: West Virginia, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Elizabeth Jane Shaw,
15. Birthplace: West Virginia, (City, town, or county) (State or foreign country)

16. (a) Informant's own signature: C. W. Hale,
(b) Address: Lake Forest Club, Edwardsville, Ka. Elsmere Hotel, Kansas City, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12-12-39. (Month) (Day) (Year)
(c) Place: burial or cremation: Bonner Springs, Kansas.

18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10th, year 1939, hour 10:50 minute P. M.

21. I hereby certify that I attended the deceased from Dec. 3, 1939, to Dec. 10, 1939; that I last saw her alive on Dec. 10, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Thrombosis	7 days
L. Cerebral Thrombosis	7 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Chronic Myocarditis	
Chronic Glomerular Nephritis	
Major findings: Of operations	
Of autopsy: Coronary Thrombosis, Myocarditis, + Nephritis	

PHYSICIAN — Underline the cause to which death should be charged statistically.

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

23. Signature: L. James Lairmore (M. D. or other) D. O.
Address: 1010 Chambers Bldg. Date signed 12-11-39

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER—USE ONLY BLACK INK—MAKE A PERMANENT RECORD

I X19911

Dr. L. James Larimore.
Chancellor Bldg.
Vi 6061

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 S J Allen

Licensed Embalmer No. 1415

P. O. Address K. C. Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.