

JUN 17 1940 399

1002

Registrar's No.

1926

Registration District No.

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Jackson
 (b) City or town Kansas City
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
2300 Agnes
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether
 In this community 5 weeks years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
 (c) City or town Kansas City
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9th and Chesney
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

3. (a) PRINT FULL NAME Elmer C. Hale

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 23 1906
 (Month) (Day) (Year)

8. AGE: Years 33 Months 9 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Stearney, Neb.
 (City, town, or county) (State or foreign country)

10. Usual occupation Designing Engineer

11. Industry or business _____

12. Name Fred Hale

13. Birthplace Chicago, Illinois
 (City, town, or county) (State or foreign country)

14. Maiden name Margaret Wheeler
 (City, town, or county) (State or foreign country)

15. Birthplace Neb.
 (City, town, or county) (State or foreign country)

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

(b) Address 2300 Agnes

17. (a) Burial (b) Date thereof 5/18/40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director George C. Benson

(b) Address Indessee, Mo.

19. (a) May 8, 1940 (b) M. M. Brown
 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
 year 1940 hour 4:50 minute _____ A. M.

21. I hereby certify that I attended the deceased from April 2
 _____, 1940 to May 6, 1940
 that I last saw him alive on May 6, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, Interstitial
bronchitis
Compensated
 Due to Pneumonia 5 months ago.
No other complications

Due to _____
 Other conditions (Include pregnancy within 3 months of death) 10/100

Major findings:
 Of operations _____
 Of autopsy _____

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 D. J. Black Sr. (M.D. or other) _____
 Address 210 Bryant Bldg. Date signed 5/6/40

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

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.

211
310 Bryant St.
Albany.

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.....

Ralph E. Miller

Licensed Embalmer No. *4124*

P. O. Address *Indep., Mo.*

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.