

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **399**

Primary Registration District No. **1002**

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:
18 West 38th Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **NO.** (Specify whether
In this community **Unknown** (Specify whether
years, months or days)

3. (a) PRINT FULL NAME **J. Chalmers Hall, (N.M.O)**

8. (b) If veteran, name war **NO.** 3. (c) Social Security No. **NO.**

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**

6. (b) Name of husband or wife **Charlotte Elizabeth Hall**, alive **dec.** years

7. Birth date of deceased: **October 10th, 1850**
(Month) (Day) (Year)

8. AGE: Years **89** Months **7** Days **23** If less than one day hr. min.

9. Birthplace **Indiana** (City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **X**

12. Name **Festus Hall**

18. Birthplace **Ohio** (City, town, or county) (State or foreign country)

14. Maiden name **Amanda Moriah Abernathy**

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

16. (a) Informant **Mrs. Harry Minty, 1030 W. 53rd Ter**

(b) Address **Kansas City, Missouri**

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

(c) Place: burial or cremation **Mt. Washington Cemetery**

18. (a) Signature of funeral director **Stine & McClure**

(b) Address **3235 Gillham Plaza, K.C., Mo.**

19. (a) **June 4, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

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. **18 West 38th St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **No.** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **3rd**
year **1940** hour **2:15** minute **0** P. M.

21. I hereby certify that I attended the deceased from **last year** from **June 3, 1940**, 19**40**
that I last saw him alive on **June 3, 1940**, 19**40**
and that death occurred on the date and hour stated above.

Immediate cause of death
1 - General arteriosclerosis
2 - Atherosclerosis of
Due to **3 - Arteriosclerosis**

Due to **21**

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **no**

Duration

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?

While at work (Specify type of place) (b) Means of injury

28. Signature **M. M. Crowe** (M. D. or other)
Address **836 West 10th** Date signed **6-4-1940**

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUL 9 5 1940

Dr. W. K. Trimble,

Prof. F. B. Bledsoe

1 P. M.

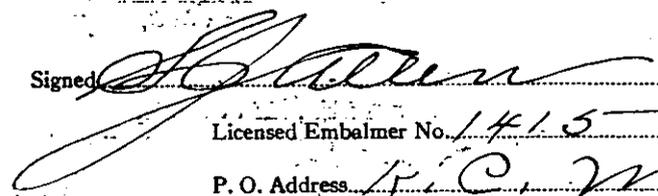
STATEMENT BY LICENSED EMBALMER

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. 1415

P. O. Address K. C. 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.