S. No. 2
—11-10-39
v. 5-17-39
I X21492

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

AUG 14 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 24068

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2678

**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: 1408 East 2nd
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 10 years

**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.: 1408 East 2nd Street
(If rural, give location)
(e) If foreign born, how long in U. S. A.? ____ years.

3. (a) PRINT FULL NAME: Norma Lee Hall 400
3. (b) If veteran, name war: None
3. (c) Social Security No.: None
4. Sex: Fe
5. Color or race: Col.
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: April (Month) 7 (Day) 1912 (Year)

8. AGE: Years 28 Months 2 Days 25 If less than one day ____ hr. ____ min.

9. Birthplace: Dalton (City, town, or county) Missouri (State or foreign country)
10. Usual occupation: General Housework
11. Industry or business: D
12. Name of father: Pete Hall
13. Birthplace of father: Dalton (City, town, or county) Missouri (State or foreign country)
14. Maiden name of mother: Ellena Basey
15. Birthplace of mother: Dalton (City, town, or county) Missouri (State or foreign country)
16. (a) Informant: Mrs. Cordia Jones
(b) Address: 1408 East 2nd Street
17. (a) removal (Burial, cremation, or removal) (b) Date thereof 7/4/40 (Month) (Day) (Year)
(c) Place: burial or cremation: Dalton, Missouri
18. (a) Signature of funeral director: Nathan Porr
(b) Address: 1729 Lydia
19. (a) July 4, 1940 (Date received local registrar) (b) M. M. Crane (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 2 year 1940 hour 5 minute 40 A. M.

21. I hereby certify that I attended the deceased from June 30, 1940 to July 2, 1940, that I last saw her alive on July 2, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Due to: Pulmonary tuberculosis
Due to: 23
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations: ____ Of autopsy: ____

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: [illegible] (M. D. or other)
Address: 1612 E 12 Date signed

(Licensed Embalmer's Statement on Reverse Side)

## 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. Isaac Jerome Menlove

Licensed Embalmer No. 3294

P. O. Address 1130 E. 23rd St

**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.**