

S. No. 2
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5-17-39
P-1 X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **24364**

AUG 14 1940

Registration District No. **399**

Primary Registration District No. **1002**

Registrar's No. **2974**

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

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:
General Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 days**
(Specify whether
In this community, **18 years**
years, months or days)

3. (a) PRINT FULL NAME **STELLA HALL** **450**

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

4. Sex **F** race **W**
5. Color or race **W**
6. (a) Single, widowed, married, divorced **Widow**

6. (b) Name of husband or wife **Harry Hall**
6. (c) Age of husband or wife if alive **6** years

7. Birth date of deceased: **July 7th, 1885**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	55	0	17	hr. min.

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

10. Usual occupation: **Homemaker** **9**

11. Industry or business: **At Home** **9**

12. Name: **Unknown** **9**
18. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

14. Maiden name: **Unknown**
15. Birthplace: **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant: **Miss Patricia Hall**

(b) Address: **2739 Forest, K.C. Mo.**

17. (a) **Burial** (b) Date thereof: **July 26th, 40**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: **Floral Hills Cemetery**

18. (a) Signature of funeral director: **C.H. Blackman & Son, Inc**

(b) Address: **2825 Indep. Blvd. K.C. Mo.**

19. (a) **July 26, 1940** (b) **M. M. Crowe**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

0
(a) State **Missouri** (b) County **Jackson**
(c) City or town **Kansas City, Mo.**
(If outside city or town limits write "RURAL")
(d) Street No. **2739 Forest**
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7** day **24** year **40**
hour minute

21. I hereby certify that I attended the deceased from **12:10 AM**
to **12:10 AM**
the illness or injury gave on **12:10 AM**
and death occurred on the date and hour stated above.

Immediate cause of death

Subdural hematoma
Due to
Fracture of the skull
Due to
Injury by fall **18:00**
Other conditions: **18**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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) **Accident**
(b) Date of occurrence **7-20-40**
(c) Where did injury occur? **K.C. Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, in farm, in industrial place, in public place?

While at work? **2**
(Specify type of injury)

23. Signature **Patricia Hall** (M. D. or other)
Address **K.C. Mo.** Date signed

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 W.D. Blackman

Licensed Embalmer No. 3639

P. O. Address KC 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.