

AUG 22 1940
Registration District No. **700**

Primary Registration District No. **565 313**

Registrar's No. **140**

1. PLACE OF DEATH:
 (a) County **Jackson**
 (b) City or town **Little Blue Mo**
 (c) Name of hospital or institution **Jackson Co Home (Cal Div)**
 (d) Length of stay: In hospital or institution **about 2 yrs**
 In this community **3** years, months or days

3. (a) PRINT FULL NAME **FRANK HALL 400**

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

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

6. (b) Name of husband or wife **Don't know** **6. (c) Age of husband or wife if alive** **1886** years

7. Birth date of deceased **Don't know** (Month) (Day) (Year)

8. AGE: Years **about 54** Months **4** Days **4** If less than one day **hr. min.**

9. Birthplace **Don't know** (City, town, or county) (State or foreign country)

10. Usual occupation **Common laborer**

11. Industry or business **Don't know**

12. Name **Don't know**

13. Birthplace **Don't know** (City, town, or county) (State or foreign country)

14. Maiden name **Don't know**

15. Birthplace **Don't know** (City, town, or county) (State or foreign country)

16. (a) Informant **County Home Records**

(b) Address **Little Blue Mo**

17. (a) Burial, cremation, or removal **General** **(b) Date thereof** **July 13-40** (Month) (Day) (Year)

(c) Place: burial or cremation **Kirksville Mo**

18. (a) Signature of funeral director **Flynn + Greenstreet**

(b) Address **1819 E. 15th St Mo**

19. (a) Date received local registrar **7-12-40** **(b) Registrar's signature** **Head of Bureau**

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Missouri** (b) County **Jackson**
 (c) City or town **Kansas City**
 (d) Street No. **1824 Lydial**
 (e) If foreign born, how long in U. S. A. **0** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **11** year **1940** hour **12:30** minute **P.M.**

21. I hereby certify that I attended the deceased from **June 15, 1938** to **July 11, 1940** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Parenchymatous Nephritis**

Due to **121**

Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations **✓**
Of autopsy

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?
23. Signature **L. W. Booker** (M. D. or other)
Address **2028 Vine St** **Date signed**

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

18

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

Edu. Stevens

Licensed Embalmer No.

3836

P. O. Address

18196 N TC Wd

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.