

FILED SEP 5 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **27592**
Registrar's No. **3226**

Registration District No. **399**

Primary Registration District No. **1002**

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

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:
4140 Bellefontaine Avenue **2**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 18 Years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Mrs. Harriette Elizabeth Smith Hall

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

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mrs. Roy E. Hall
6. (c) Age of husband or wife if alive 51 years

7. Birth date of deceased March 18 1894
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>4</u>	<u>17</u>	hr. min.

9. Birthplace Marshall County Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ----

MOTHER FATHER { 12. Name Charles Smith
13. Birthplace Illinois
Mary Ashley (City, town, or county) (State or foreign country)

MOTHER FATHER { 14. Maiden name LaSalle Co., Illinois
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Roy E. Hall
(b) Address 4140 Bellefontaine

17. (a) Burial (b) Date thereof August 17 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Colony, Kansas

18. (a) Signature of funeral director A. M. Newcomb's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) Aug 15 1940 (b) A. M. Craue
(Date of burial or registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State 0 Missouri (b) County Jackson
(c) City or town Kansas City
(If outside city or town limits write "RURAL")
(d) Street No. 4140 Bellefontaine Avenue
(If rural, give location)
(e) If foreign born, how long in U. S. A. ---- years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14th
year 1940 hour 10 minute 10 A. M.

21. I hereby certify that I attended the deceased from May 16 1940 to Aug 14 1940
that I last saw her alive on Aug 14 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Leukemia
Duration 18 mo.

Due to 120

Due to ----

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? ----

While at work? (Specify type of place) ----
(e) Means of injury ----

23. Signature A. L. Henson (M. D. or other) DC
Address 3400 East 31 Date signed Aug 14 40

W. L. Henson
N. E. Cor. 21st St.
9.30-11.00 - 71000.

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

C. Harvey Quisenberry

Licensed Embalmer No.....

4070

P. O. Address.....

H. C. No

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.