

FILED SEP 5 1940
Registration District No. **1399**

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: **St. Vincent's Hospital**
(If not in hospital or institution, write street number or locality)
(d) Length of stay: In hospital or institution **1 day**
(Specify whether years, months or days)
In this community **1 day**

8. (a) PRINT FULL NAME: **Charles Joseph Hall**
3. (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 **Single**

6. (b) Name of husband or wife **-----** 6. (c) Age of husband or wife if alive **1940** years

7. Birth date of deceased **August 16 1940**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 hr. min.

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

10. Usual occupation **infant**

11. Industry or business

MOTHER FATHER
12. Name **George R. Hall**
13. Birthplace **Minong Wisconsin**
(City, town, or county) (State or foreign country)
14. Maiden name **Adeline Rozlowske**
15. Birthplace **Chicago Illinois**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **George Hall**
(b) Address **1818 Spruce, K. C. Mo.**

17. (a) **Burial** (b) Date thereof **8-18-1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Floral Hills**

18. (a) Signature of funeral director **F. O'Donnell Co.**
(b) Address **3256 Broadway, K. C. Mo.**

19. (a) **AUG. 18, 1940** (b) **M. M. Crove**
(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. **1818 Spruce**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **17**
year **1940** hour **7:20** minute **P.** M.

21. I hereby certify that I attended the deceased from **Aug 16**, 1940, to **Aug 17**, 1940
that I last saw him alive on **Aug 16**, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death **Premature birth about sixth mo of gestation**
Due to **15A**

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?

While at work? (Specify type of place) (e) Means of injury
23. Signature **H. L. Davis** (M. D. or other)
Address **906 Grand Ave** Date signed **8-17-40**

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Park G. Rowe

Licensed Embalmer No.

2347

P. O. Address

P. O. Ma.

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.