

LED JAN 8 1941
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
(c) Name of hospital or institution: Trinity Lutheran Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 43 yrs
In this community 43 yrs
years, months or days

3. (a) PRINT FULL NAME Blanche Irene Hall

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

6. (b) Name of husband or wife Ernest W Hall 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Feb 16 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>10</u>	<u>14</u>	
				hr. min.

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

10. Usual occupation Housewife

11. Industry or business 1

12. Name W. Bafford

13. Birthplace Ky
(City, town, or county) (State or foreign country)

14. Maiden name Lucy Case

15. Birthplace Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Ernest W. Hall

(b) Address 2826 Peery

17. (a) Burial (b) Date thereof Dec 31 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Greenlawn

18. (a) Signature of funeral director Wm C. L. Foster

(b) Address 918 Brooklyn K.C. Mo

19. 12-30-40 (Date received local registrar) (b) M. M. Crowe (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. 2826 Peery
(If rural, give location)
(e) If foreign born, how long in U. S. A.?

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1940 hour 12:28 minute 10 A. M.

21. I hereby certify that I attended the deceased from 12/27, 1940, to 12/30, 1940
that I last saw her alive on 12/29/, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 3 days

Due to Hypertension
Due to 7:30

Other conditions ✓
(Include pregnancy within 3 months of death)

Major findings:
Of operations not done
Of autopsy not done

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 J. J. Pearson (M. D. or other) MD
Address 907 Peery Date signed 12/30/40

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 *Me*

....., Registered Apprentice No.

working under my personal supervision.

Signed *J. C. L. Superior*

Licensed Embalmer No. *114479*

P. O. Address *A. C. Mo.*

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, fact should be so stated above.