No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FEB 18 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1315

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 275

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. Lukes Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 1/11/41 (Specify whether
In this community About 40 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 5 8
(If outside city or town limits, write "RURAL")
(d) Street No. 4921 Euclid
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Mrs. Vic Mary Hale
3. (b) If veteran, name war No
3. (c) Social Security No. None
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife John M. Hale
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Aug. (Month) 30, (Day) 1880 (Year)

8. AGE: Years 60 Months 4 Days 20 If less than one day hr. min.

9. Birthplace Osage City, (City, town, or county) Kansas (State or foreign country) 1
10. Usual occupation At Home
11. Industry or business
FATHER
12. Name William Hunt
13. Birthplace - (City, town, or county) New York (State or foreign country) 1
MOTHER
14. Maiden name Mary E. Keith
15. Birthplace - (City, town, or county) Ohio (State or foreign country) 1
16. (a) Informant Mr. Wm. L. Hale
(b) Address 7642 Brooklyn
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1/21/41 (Month) (Day) (Year)
(c) Place: burial or cremation Forest Hill
18. (a) Signature of funeral director R. V. Lindsey & Sons
(b) Address 3811 Broadway
19. (a) Jan 20 1941 (Date received local registrar) (b) M. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 19th
year 1941 hour 11:30 PM minute M.
21. I hereby certify that I attended the deceased from Dec 1 - 1940 to Jan 19 1941;
that I last saw her alive on Jan 18 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Bowel Obstruction.
Due to Malignancy 4 8a
Due to
Other conditions Carcinoma of cervix
(Include pregnancy within 3 months of death)
Major findings:
Of operation Obstruction of bowel. Small intestine
Of autopsy Small Ca of Cervix - Ca of ileum Hypostat Pneumonia

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?
(Specify type of place)
While at work? (e) Means of injury 0
23. Signature L C Rumsey MD (M. D. or other)
Address 311 Argyle Bldg Date signed 1/20-41

(Licensed Embalmer's Statement on Reverse Side)

Dr. F. C. Rumsey
311 Argyle Bldg
1-4
12 mi 2 ss

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 Roscoe Kelly

Licensed Embalmer No. 3738

P. O. Address KC Mo

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

If this body is not embalmed, fact should be so stated above.