

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

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 16 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **13439**
Registrar's No. **1420**

Registration District No. **399** Primary Registration District No. **100**

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:
General Hospital #2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3-31-41-4-1-41**
(Specify whether years, months or days) **24 years**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson**
(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")
(d) Street No. **821 Independence Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years

3. (a) PRINT FULL NAME **George Hall**

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

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

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

7. Birth date of deceased **9 11 1872**
(Month) (Day) (Year)

| | | | |
|---------------|----------|-----------|----------------------|
| 8. AGE: Years | Months | Days | If less than one day |
| 68 | 6 | 21 | hr. _____ min. |

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

10. Usual occupation **Unemployed**

11. Industry or business _____

MOTHER FATHER {
12. Name **Unknown**
13. Birthplace **Unknown**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Record Clerk**
(b) Address **General Hospital #2**
17. (a) **Removal** (b) Date thereof **Apr. 10, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Kirksville Mo.**

18. (a) Signature of funeral director **Thompson & Sheen**
(b) Address **City**
19. (a) **4/10/41** (b) **M. M. Crow**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **4** day **1**
year **41** hour **5** minute **P.** M.

21. I hereby certify that I attended the deceased from **3-31-**, 19 **41** to **4-1-**, 19**41**;
that I last saw h. **im** alive on **4-1-**, 19**41**;
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Nephritis with Uremia**

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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 **P. C. Pursness** (Physician or other)
Address **Kew. Hosp #2** Date signed **4-7-41**

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 Edw. Stevens

Licensed Embalmer No. 3876

P. O. Address 18196 WTC Rd

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.