

FILED JUN 10 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **17221**
Registrar's No. **1883**

Registration District No. **399** Primary Registration District No. **1002**

1. PLACE OF DEATH: **Jackson**
(a) County **Kansas City**
(b) City or town. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Wheatley Provident Hosp**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 days** (Specify whether
In this community **32 years**
years, months or days)

3. (a) PRINT FULL NAME **Johanna Hale**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **Fe** 5. Color of race **Col** 6. (a) Single, widowed, married, divorced **Widowed**
6. (b) Name of husband or wife **Jas. C. Hale** 6. (c) Age of husband or wife if alive **32** years
7. Birth date of deceased. **January 17, 1845**
(Month) (Day) (Year)

8. AGE: Years **96** Months **3** Days **24** If less than one day
hr. min.

9. Birthplace **Nicholas Cy. / Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation
11. Industry or business

MOTHER FATHER { 12. Name **Leonard Stephenson**
13. Birthplace **/ Ky.**
14. Maiden name **Matilda Ann** (State or foreign country)
15. Birthplace **/ Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Eva Fox**
(b) Address **2208 East 21st St.**

17. (a) **burial** (b) Date thereof **5/13/41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **Hatkins Bros.**
1729 Lydia
(b) Address **1729 Lydia**

19. (a) **May 13 1941** (b) **M. M. Brown**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **Jackson** **48**
(c) City or town **Kansas City** **3**
(If outside city or town limits, write "RURAL") **8**
(d) Street No. **2208 East 21st St.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **0** years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **May** day **10**
year **1941** hour **11** minute **P.** M.

21. I hereby certify that I attended the deceased from **5/10/41** to **5/10/41**
that I last saw **alive** on **5/10/41**
and that death occurred on the date and hour stated above.

Immediate cause of death
Hypertrophy of liver
Due to **Senile Myasthenia**
Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations **None**
Of autopsy **11**

Duration **3 1/2**
12 1/2
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 **None**
(c) Where did injury occur? **None**
(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) **None**
23. Signature **Eugene P. Brown** (M. D. or other)
Address **1214 W. 11th** Date signed **5/13/41**

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

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

J. Manlove

Licensed Embalmer No. *3994*

P. O. Address *1120 E. 23rd St*

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, fact should be so stated above.