

4-13-40
-17-39
I X23159

48
55W

Registration District No. 399 Primary Registration District No. 1002

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution: 2724 Paseo 1
(d) Length of stay: In hospital or institution 40 years
In this community 40 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson
(c) City or town Kansas City
(d) Street No. 2724 Paseo
(e) If foreign born, how long in U. S. A.?

3. (a) PRINT FULL NAME Ivan H. Hall
(b) If veteran, name war No
(c) Social Security No. No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 22
year 1941 hour 6 minute 50 P.M.
21. I hereby certify that I attended the deceased from 5-27-41
19 to 6-22-41 19
that I last saw him alive on 6-21-41 19
and that death occurred on the date and hour stated above,

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced, Widowed
(b) Name of husband or wife Mommie Frances Hall
(c) Age of husband or wife if alive no years
7. Birth date of deceased: April 3, 1858

Immediate cause of death Myocardial failure
Due to Stenosis - Gallbladder disease
Due to acute Cholelithiasis
Other conditions Terminal Nervous
(Include pregnancy within 3 months of death)

8. AGE: Years 83 Months 2 Days 19
If less than one day hr. min.

9. Birthplace Kansas Territory

10. Usual occupation Retired Stone mason

11. Industry or business

12. Name A. H. Hall

13. Birthplace Howard Co Mo

14. Maiden name Martha Mann

15. Birthplace No Record

16. (a) Informant Mrs Goldie M Vaughn
(b) Address 2724 Paseo K.C. Mo

17. (a) Burial (b) Date thereof June 24 41
(c) Place: burial or cremation Woodlawn Cem

18. (a) Signature of funeral director Geo B Carson
(b) Address Independence Mo
19. (a) 6/23/41 (b) M. M. Brown

Major findings: none
Of operations none
Of autopsy none
PHYSICIAN 1270
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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work? Yes (Specify type of place) (e) Means of injury
23. Signature Geo B Carson (M. D. or other)
Address 915 Angell Bldg Date signed 6-22-41

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

Dr. E. N. Denton
1/27
Argyle Bkky.

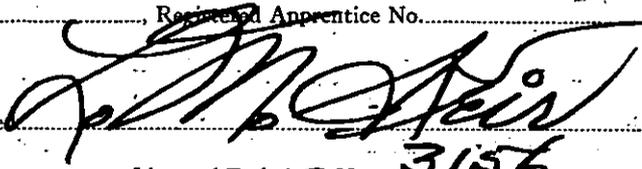
STATEMENT BY LICENSED EMBALMER

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



Licensed Embalmer No.

3156

P. O. Address

Indep. Mo.

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No.

Primary Registration District No.

Registrar's No. 6 **2381**

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

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:
2724 Paseo
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits write "RURAL")
(d) Street No. **2724 Paseo**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME **Ivan H. Hall**

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

4. Sex _____ 5. Color or race _____ 6. (a) Single, widowed, married, divorced _____

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ years

7. Birth date of deceased _____ (Month) (Day) (Year)

8. AGE: Years **83** Months _____ Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

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

16. (a) Informant _____ (b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address **6/23/41 M. M. Brown**

19. (a) _____ (b) _____ (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month **June** day **22nd**
year **1941** hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h_____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial failure** Duration _____

Due to **Senility-Gall-bladder disease with acute cholecystitis**

Due to _____

Other conditions **Terminal pneumonia Bronchitis**
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____ **127a**

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 **B. H. Weston** (M. D. or other) _____

Address **915 ans. Redg. ch.** Date signed **7-15-41**

S-20891