

No. 2  
1-4-41  
5-17-39  
I-228300

DEPARTMENT OF COMMERCE

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

**KILLED SEP 12 1941**

Registrar's No. **2910**

Registration District No. **399**

Primary Registration District No. **1002**

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:  
**1523 Denver Avenue /**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community **9 Years**  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson** **Y8**  
(c) City or town **Kansas City** **8**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **1523 Denver Avenue** **8**  
(If rural, give location)  
(e) Citizen of foreign country? **No**  (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME **Mrs. Mary E. 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 **Widowed**  
6. (b) Name of husband or wife **Mr. J. C. Hale** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased **September 15 1857**  
(Month) (Day) (Year)

8. AGE: Years **83** Months **10** Days **16** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Christian County Missouri**  
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business \_\_\_\_\_

12. Name **Timothy Cavenor**

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

14. Maiden name **Winnie Gold**

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

16. (a) Informant **Mrs. Fred Walker**

(b) Address **1523 Denver Avenue**

17. (a) **Burial** (b) Date thereof **Aug. 1, 1941**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Springfield, Missouri**

18. (a) Signature of funeral director **D. H. Newsome's Sons**

(b) Address **1401 Brush Creek Blvd.**

19. (a) **8-1-41** (b) **M. M. Crow**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **1st**  
year **1941** hour **12** minute **45 P.M.**

21. I hereby certify that I attended the deceased from **3-29-41**  
19\_\_\_\_ to **8-1-41** 19\_\_\_\_

that I last saw her alive on **8-1-41** 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac failure**  
**Arterio-sclerotic-hypertensive**  
Due to **Cardio-vascular disease** **17mo**  
**yo.**

Due to **121**  
**131a**

Other conditions **Senility**  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration  
**17mo**  
**yo.**  
**131a**  
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 **Frank B. Leit** (M. D. or other) **M.D.**  
Address **924 Prof Bldg N.C. Mo** Date signed **8-1-41**

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

MOTHER FATHER

924 Professional Registry  
3-5-

**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 Ernie M. Calhoun

Licensed Embalmer No. 3506

P. O. Address Kemo

**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.**