

No. 2
4-13-40
5-17-39
D I X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40765

State File No. _____

FILED JAN 24 1942

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4440

48
8/13
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County Jackson
(b) City or town Kansas City
(c) Name of hospital or institution 914 Woodland Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community Lifetime years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State mo (b) County Jackson
(c) City or town Kansas City 048
(If outside city or town limits, write "RURAL")
(d) Street No. 914 Woodland (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME FELICIA VAUNCEIL HALL

3. (b) If veteran, name war No 3. (c) Social Security No. none

4. Sex Fe 3. 5. Color or race negro 6. (a) Single, widowed, married, divorced single

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

7. Birth date of deceased Oct 6 1940
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
1 1 22 hr. min.

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

10. Usual occupation none

11. Industry or business none

12. Name Robert Hall

13. Birthplace Liberty Mo
(City, town, or county) (State or foreign country)

14. Maiden name Rose Mary Alexander

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

16. (a) Informant Robert Hall (Father)

(b) Address 914 Woodland, KC Mo

17. (a) Burial (b) Date thereof 12-1-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lincoln

18. (a) Signature of funeral director H. B. Moore

(b) Address 1820 E 18 St.

19. (a) 12/1/41 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 11 day 28
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 7:00 a. to 7:00 a., 1941; that I last saw him alive on _____, 1941; and that he died on the date and hour stated above. Immediate cause of death _____

Pneumonia

Due to 10711

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 Robert Hall (M. D. or other) _____

Address K.C. Mo Date signed _____

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

JAN 11 1957

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. Thomas

Licensed Embalmer No. 3836

P. O. Address 1819 E 15th St. 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.