

Registration District No. 389

Primary Registration District No. 1004

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 No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4-14-42-4-23-42
(Specify whether years, months or days) 19 years

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Jackson
(c) City or town. Kansas City
(If outside city or town limits, write "RURAL")
(d) Street No. 2446 Highland
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME. ETHEL HALL

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

4. Sex Female 5. Color or race Negro 6. (a) Single, widowed, married, divorced. Widow
6. (b) Name of husband or wife. unk 6. (c) Age of husband or wife if alive. 3 years (Month) (Day) (Year) August 3 1872

8. AGE: Years Months Days If less than one day
69 8 20 hr. min.

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

10. Usual occupation. Unemployed

11. Industry or business.

MOTHER FATHER { 12. Name Harry Mitchell
13. Birthplace. Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name. Bertie Royston
15. Birthplace. Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant. Record Clerk
(b) Address. General Hospital No. 2

17. (a) Removal (b) Date thereof 4-26-42
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Antioch Cemetery, Clinton, Mo

18. (a) Signature of funeral director. Spert & Son
(b) Address. Clinton, Mo. W.K.F.

19. (a) 4-23-42 (b) M. M. Crowe
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 23
year 1942 hour 8 minute 30 a. m.

21. I hereby certify that I attended the deceased from April 14 1942 to April 23 1942
that I last saw her alive on April 23 1942
and that death occurred on the date and hour stated above.

Immediate cause of death. Acute Congestive Heart Failure

Due to Hypertensive type heart disease

Due to
Other conditions. 935
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
-Of autopsy.....
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 [Signature] (M. D. or other).....
Address General Hospital no. 2 Date signed 4-23-42

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.....

Wm Kenneth Jackson, Registered Apprentice No. *3954*
working under my personal supervision.

Signed.....

Wm Kenneth Jackson
Licensed Embalmer No. *3954*

P. O. Address.....
Clinton, 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.