

S. No. 2  
-1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED JUL 17 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

20283  
State File No. 2555  
Registrar's No.

Registration District No. 99 Primary Registration District No. 1002

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: 4417 PENNSYLVANIA AVE  
(d) Length of stay: In hospital or institution. 2 mo.

2. USUAL RESIDENCE OF DECEASED:  
(a) State MO (b) County JACKSON  
(c) City or town KANSAS CITY  
(d) Street No. 4417 PENN  
(e) Citizen of foreign country? No

3. (a) PRINT FULL NAME HAROLD HALL  
(b) If veteran, name war V  
(c) Social Security No. V

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month JULY day 3rd year 1942 hour 12:00 minute P.M.  
21. I hereby certify that I attended the deceased from APRIL 11, 1942 to JULY 3rd, 1942  
that I last saw him alive on JULY 3rd, 1942 and that death occurred on the date and hour stated above.

4. Sex M (b) Color or race W  
5. (a) Single, widowed, married, divorced, widf.  
6. (b) Name of husband or wife. V  
7. Birth date of deceased. APRIL 11 1942

Immediate cause of death  
Bronchial Pneumonia  
Due to General Debility  
Due to Marasmus Infantilis  
Other conditions 1070

8. AGE: Years Months Days If less than one day  
9. Birthplace KANSAS CITY MO  
10. Usual occupation LABORER

Major findings: Of operations NONE  
Of autopsy V  
Underline the cause to which death should be charged statistically.

MOTHER FATHER  
11. Name GRANT SPRAGUE  
12. Birthplace YATES CENTER KAN.  
13. Maiden name DORIS HALL  
14. Birthplace LONE ELM KAN.  
15. Informant J. E. Cavanaugh  
16. Address 1494 E 27  
17. (a) Date thereof 7-6-42  
18. (a) Signature of funeral director P. G. Johnson  
19. (a) Address 2512 Hall  
(b) M. M. Brown

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?  
23. Signature John E. Cavanaugh  
Address 1494 E 27th St Date signed 7/4/42

341

(Licensed Embalmer's Statement on Reverse Side)

R. C. - mo

**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, \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_ working under my personal supervision.

Signed *P. G. Theissen*

Licensed Embalmer No. 2351

P.O. Address 2512 Holmes 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.**