

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: K.C. General Hospital No. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 1 Mo. & 26 days  
(Specify whether years, months or days) 43 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. 3304 Olive Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country: -----

3. (a) PRINT FULL NAME Stella Hall

3. (b) If veteran, name war None 3. (c) Social Security No. 702-12-3131

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Divorced  
6. (b) Name of husband or wife Mr. Rankin R. Hall 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased August 9 1898  
(Month) (Day) (Year)

8. AGE: Years 43 Months 11 Days 20 If less than one day hr. min.

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

10. Usual occupation Graduate Nurse

11. Industry or business Private Cases

MOTHER FATHER { 12. Name William L. Warner  
13. Birthplace Michigan  
(City, town, or county) (State or foreign country)  
14. Maiden name Salina Jane Largent  
15. Birthplace Athens Tennessee  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harold R. Hall  
(b) Address 3304 Olive Street

17. (a) Burial (b) Date thereof August 1, 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial of cremation Monett, Missouri

18. (a) Signature of funeral director W. H. Newcomer, Inc.

(b) Address 1401 Brush Creek Blvd.

19. (a) 7-31-42 (b) N. M. Brown  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 29th year 1942 hour 8 Minute 03 A.M.

21. I hereby certify that I attended the deceased from 6-3-42 19... to 7-29-42 19...  
that I last saw him alive on 7-29-42 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Melanosarcoma, primary site undetermined

Due to 55K  
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations  
Of autopsy None

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 Wm. R. Johnson (M. D. or other)  
Address Med. Dir. K.C. Gen. Hospital, K.C. Mo. Date signed

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

48  
38

48  
38

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**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.....

*H. C. Newcomer Jr*

Licensed Embalmer No.....

*41043*

P. O. Address.....

*N.C. 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.**