No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED AUG 1 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23411

Registration District No. 399 Primary Registration District No. 1002 Registrar's No. 2798

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

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: 4420 Euclid (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 4 hr 50 min. years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Jackson 48
(c) City or town Kansas City (If outside city or town limits, write "RURAL") 3 8
(d) Street No. 4402 Euclid (If rural, give location)
(e) If foreign born, how long in U. S. A.? ✓ 0 years.

3. (a) PRINT FULL NAME INFANT. HALL
3. (b) If veteran, name war —
3. (c) Social Security No. —
4. Sex Female
5. Color or race White
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 15 July 23 1942 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
			4 hr. 50 min.

9. Birthplace K. C. (City, town, or county) Mo O (State or foreign country)
10. Usual occupation Infant
11. Industry or business
MOTHER FATHER
12. Name Joe A Hall
13. Birthplace Harrisonville (City, town, or county) O (State or foreign country)
14. Maiden name Georgian Oetker
15. Birthplace Granada (City, town, or county) Colo (State or foreign country)
16. (a) Informant Joe A Hall (Fa)
(b) Address 4402 Euclid
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/24/42 (Month) (Day) (Year)
(c) Place: burial or cremation Harrisonville Mo
18. (a) Signature of funeral director Kettenbach
(b) Address 2657 Ludgate ave.
19. (a) 7-23-42 (Date received local registrar) (b) M M Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd year 1942 hour 1:00 PM minute M.
21. I hereby certify that I attended the deceased from July 23rd 7:00 AM, 1942, to July 23 1:00 pm, 1942 that I last saw her alive on 7-23, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth at 7 mo
Due to General immaturity
Due to 159
Other conditions —
(Include pregnancy within 3 months of death)
Major findings: —
Of operations
Of autopsy —

Duration

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? (Specify type of place)
While at work? (e) Means of injury —
23. Signature Dr. S. D. Kamery D.O. (M. D. or other)
Address 900 Benton Date signed 7-23-42

541 (Licensed Embalmer's Statement on Reverse Side) Phone Ch 5391

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 Howard J. Roe

Licensed Embalmer No. 2748

P. O. Address 4346 Trust

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.