

S. No. 2
OM-5-42
ev. 5-17-39
X32273

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED OCT 10 1942
Registration District No. 146

Primary Registration District No. 5568

Registrar's No. 245

48
0
0

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Rural - Blue -
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
11005 east 124th st.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....
In this community 20 years
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. 11005 east 124th st.
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country no

3. (a) PRINT FULL NAME HARRY H. HALL

3. (b) If veteran, name war rose

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 27 year 1942 hour 2:30 minute P M.

21. I hereby certify that I attended the deceased from Sept 17, 42 1942 to 9, 27 1942, that I last saw him alive on Sept 25 1942, and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Dorance A. Hall

6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased Jan - 9 1871
(Month) (Day) (Year)

Immediate cause of death
Ch. Myocarditis
Acute Dehydration

Due to

Due to

Other conditions Ch Int nephritis
(Include pregnancy within 3 months of death)

8. AGE: Years 71 Months 8 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Telegraph Operator

Major findings:
Of operations 1/2/a

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER

12. Name James R. Hall

13. Birthplace Denderson Co. Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name Sarah C. McPherson

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

16. (a) Informant Dorance A. Hall

(b) Address 11005 E. 24th

17. (a) Rural (b) Date thereof 9/29/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Washington

18. (a) Signature of funeral director Geo. C. Green

(b) Address Independence Mo.

19. (a) 9-29-42 (b) James H. Ross
(Date received local registrar) (Registrar's signature)

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 no Means of injury no

23. Signature George M. Palk (M. D. or other)
Address 11037 Winner Rd. Indpls. Mo. Date signed 9-28-42

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed Dean Owens

Licensed Embalmer No. 4280

P. O. Address Independence, 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.