

State File No.

FILED JAN 25 1943

1001/000

Registration District No. 85

Primary Registration District No.

Registrar's No. 16

1. PLACE OF DEATH:

(a) County BUGHANAN
(b) City or town ST. JOSEPH
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo. State Hosp No 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 yrs, 9 mos, 19 days
(Specify whether years, months or days)
In this community 8 yrs, 3 mos, 19 days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson
(c) City or town Kansas City 11
(If outside city or town limits, write "RURAL")
(d) Street No. 5018 East 8th 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME WAKE HALL

3. (b) If veteran, name war - 3. (c) Social Security No. -

4. Sex M 5. Color or race Wht 5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Doris Mae Hall 6. (c) Age of husband or wife if alive No record years
7. Birth date of deceased July 9 1920
(Month) (Day) (Year)

8. AGE: Years 42 Months 5 Days 3 If less than one day - hr. - min.

9. Birthplace Kansas City, Mo. (City, town, or county) (State or foreign country) U

10. Usual occupation Truck driver

11. Industry or business General trucking

12. Name Walter H. Hall

13. Birthplace Harden, Mo (City, town, or county) (State or foreign country) 0

14. Maiden name Belle Faxed Love

15. Birthplace Jelmoria (City, town, or county) (State or foreign country) 1

16. (a) Informant Records of Mo. St. Hosp

(b) Address St. Joseph, Mo 209-4-43

17. (a) Removal (b) Date thereof 1-4-43 (Month) (Day) (Year)
(c) Place, burial or cremation Independence, Mo

18. (a) Signature of funeral director Walter H. Hall
(b) Address 214 N. 1st St. Independence, Mo

19. (a) 1-4-43 (b) J. Roe Hagg (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 2 year 1943 hour 9:00 minute 30 p. M.

21. I hereby certify that I attended the deceased from Dec 29 1942 to Jan 2 1943
that I last saw him alive on Jan 2 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Parosia Remora hays from ruptured a erythrae great vessels 3 days
Due to Cause undetermined

Due to -

Other conditions Parosia, primary lesion
(Includes pregnancy within 3 months of death) 1922

Major findings: 306
Of operations -
Of autopsy As of immediate cause of death.

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 W. H. Hagg (M. D. or other) 0
Address Mo. St. Hosp No 2, St. Joseph, Mo Date signed 1-3-43

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

1233

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 *by me*

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

Signed *J. L. Latta*
Licensed Embalmer No. *2632*
P. O. Address *214 N. Spring - Ind.*

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.