

APR 8 1943 149
Registration District No. _____

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
General Hospital No. 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1-4-43-3-6-43
(Specify whether years, months or days)
In this community 40 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. 2908 Norton
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME EFFIE HALL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex female 5. Color or race Negro 6. (a) Single, widowed, married, divorced, Widow
6. (b) Name of husband or wife Samuel 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased March 3 1876
(Month) (Day) (Year)

8. AGE: Years 67 Months 0 Days 3 If less than one day _____ hr. _____ min.

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

10. Usual occupation unemployed

11. Industry or business _____

MOTHER FATHER { 12. Name Samuel Evans
13. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Bell
15. Birthplace Ray County Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital No. 2

17. Removal (Burial, cremation, or removal) (b) Date thereof 3-30-43
(Month) (Day) (Year)
(c) Place: burial or cremation Hamilton Mo.

18. (a) Signature of funeral director Brady Funeral Home
(b) Address 1708 Tracy

19. (a) 3-29-43 (Date received local registrar) (b) M. M. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6
year 1943 hour 8:45 minute a. M.

21. I hereby certify that I attended the deceased from January 4 1943 to March 6 1943
that I last saw her alive on March 6 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Congestive Heart Failure Duration _____

Due to Hypertensive type heart disease

Due to 93H

Other conditions _____
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: _____
Of operations _____
Of autopsy _____
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)
(r) Means of injury _____

23. Signature [Signature] (M. D. or other) _____
Address Gen. Hosp #2-6056 22 Date signed 3-10-43

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.....

Licensed Embalmer No.....

P. O. Address.....

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.