

REGISTERED MAR 31 1949 49

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**  
(c) Name of hospital or institution: **1034 N. Bellfontaine**  
(d) Length of stay: In hospital or institution **36 yrs.**

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County **Jackson**  
(c) City or town **Kansas City**  
(d) Street No. **1034 N. Bellfontaine Ave.**  
(e) Citizen of foreign country? **no**

3. (a) PRINT FULL NAME **James Thomas Hall**  
(b) If veteran, name was **no**  
(c) Social Security No. **no**

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **March** day **20**  
year **1943** hour **9** minute **30** P. M.

4. Sex **m**  
5. Color or race **wh**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Georgia May Hall**  
6. (c) Age of husband or wife if alive **70** years  
7. Birth date of deceased **Sept 10 1859**

21. I hereby certify that I attended the deceased from **Sept 1 1940** to **March 20 1943**  
that I last saw him alive on **March 20 1943**  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<b>83</b>	<b>6</b>	<b>10</b>	hr. min.

Immediate cause of death **Coronary occlusion**  
Due to **arteriosclerosis**  
Due to **gyn**

9. Birthplace **Indiana**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired Miller**

11. Industry or business

12. Name **John Hall**  
13. Birthplace **No Record**  
14. Maiden name **No Record**  
15. Birthplace **No Record**

16. (a) Informant **Georgia May Hall**  
(b) Address **1034 N. Bellfontaine**  
17. (a) **Burial** (b) Date thereof **3-23-43**  
(c) Place: burial or cremation **Forest Hill**

18. (a) Signature of funeral director **Wm C R Foster**  
(b) Address **918 Brooklyn**  
19. (a) **3-22-43** (b) **M. M. Brown**

Other conditions (Include pregnancy within 3 months of death)  
Major findings: Of operations **none**  
Of autopsy **none**

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place)  
(c) Means of injury

23. Signature **James Middleton** (M. D. or other)  
Address **224 W. Montross** Date signed **3-20-43**

Duration **30 min**  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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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 *Theron A. Redmon*.....

Licensed Embalmer No. *2737*.....

P. O. Address *H. D. ...*.....

**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.**