U. S. No. 2
00M—2-43
Rev. 5-17-38
2-1 X35097

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 7 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 16946

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2433

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: St. Joseph Hospital 6
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 Days (Specify whether
In this community 25 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")
(d) Street No. 3600 Paseo 8
(If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Mr. Daniel W Hale

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Mrs. Leta Hale

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased December (Month) 22 (Day) 1892 (Year)

8. AGE: Years 50 Months 5 Days 5 If less than one day hr. min.

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

10. Usual occupation Detective Department

11. Industry or business K. C. Police Force

FATHER
12. Name Ruben Hale
13. Birthplace Christian Co. (City, town, or county) Mo. U (State or foreign country)

MOTHER
14. Maiden name Sarah Day
15. Birthplace Christian Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Mrs. Leta Hale
(b) Address 3600 Paseo

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof May 29, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation D. W. Newcomer's Sons

18. (a) Signature of funeral director D. W. Newcomer's Sons
(b) Address 1401 Brush Creek Blvd.

19. (a) 5-28-43 (Date received local registrar) (b) W. M. Crowe (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 27th year 1943 hour 4 minute 30 A. M.

21. I hereby certify that I attended the deceased from Pathologist, 19....; that I last saw him alive on 19....; and that death occurred on the date and hour stated above.

Immediate cause of death Acute and Chronic myocarditis and valvulitis

Due to Chronic adhesive pericarditis

Due to Acute hemorrhagic glomerulonephritis

Other conditions Bilateral pulmonary congestion
(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 W. M. Kitchen (M. D. or other)
Address By Dwight Inwood, M.D. Date signed
Pathologist, St. Joseph Hosp., K.C., Mo.

(Licensed Embalmer's Statement on Reverse Side)

1408 Waldheim Bldg
1:30.5

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address KC 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.