

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

D JUN 7 1943
Registration District No. 149

Primary Registration District No. 1002

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 #2 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 4/24/43-5/6/43
(Specify whether years, months or days)
In this community 2 yrs. 6 mo.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1514 Euclid
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.

3. (a) PRINT FULL NAME JOHN WESLEY HALL

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

4. Sex Male 2 5. Color or race Negro
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive unk years
7. Birth date of deceased April 2 2 1872
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	71	1	4	hr. min.

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

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER { 12. Name John Hall
13. Birthplace Kingston Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Christine
15. Birthplace ? Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Record Clerk
(b) Address General Hospital #2

17. (a) Burial (b) Date thereof 5-10-1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Highland R.C. Mo.

18. (a) Signature of funeral director Wynn & Greenstreet
(b) Address 1819 E. 15th St. K.C. Mo.

19. (a) 5/9/43 (b) M. M. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1943 hour 1 minute 45 A.M.

21. I hereby certify that I attended the deceased from April 24 1943 to May 6 1943

that I last saw him alive on May 6, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration

Due to Hypertensive type heart disease

Due to 935

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy same as above

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?

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

23. Signature W. O. Brown (M. D. or other)
Address 600 E. 22nd St. - K. C. Mo Date signed 5-8-43

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.....

James G. Flynn

Licensed Embalmer No.....

2211

P. O. Address.....

1819 E. 15th KC.M

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.