

ED NOV 1 1943

Registration District No. 149 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 Lakeside Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Day
16 Years (Specify whether years, months or days)

In this community 16 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. 3810 East 18th Street Terrace
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ----

3. (a) PRINT FULL NAME Mrs. Flora Luella Hall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Mr. William E. Hall

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased: April 12 1893
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>50</u>	<u>6</u>	<u>8</u>	<u>hr. min.</u>

9. Birthplace: Chaflin Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation Clerk

11. Industry or business U. S. Post Office

MOTHER FATHER

12. Name Walter E. C. Jung

13. Birthplace Berlin Germany
(City or town) (State or foreign country)

14. Maiden name Luella Hoffman

15. Birthplace Unknown Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Walter E. Jung

(b) Address 3810 E 18th St

17. (a) Burial Memorial Park Cemetery
(Burial, cremation, or removal)

(b) Date thereof Oct. 23, 1943
(Month) (Day) (Year)

(c) Place: burial of cremation Memorial Park Cemetery

18. (a) Signature of funeral director W. H. Newcomer's Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 10-23-43 (b) J. E. Braun
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 20th
year 1943 hour 10 minute 50 A. M.

21. I hereby certify that I attended the deceased from Oct. 19 1943, to Oct. 20 1943
that I last saw her alive on Morning of Oct. 20 1943
and that death occurred on the date and hour stated above.

Immediate cause of death: Pneumonia (influenza) 4 Days

Due to Hypochloremia, Abemia about 2 year

Due to 330

Other conditions: 330
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy Of operations

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)

(e) Means of injury -----

23. Signature Dr. Pauloid (Physician's name)

Address 25 E. 12th, Kansas City Date signed 10-21-43

1002 Chambers Bldg
1-5

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..... *R. C. McCombs*

Licensed Embalmer No. *4043*

P. O. Address..... *R. C. McCombs*

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.