

FILED DEC 3 1943
Registration District No. 1002

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:
Trinity Lutheran Hospital,
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether
years, months or days)

In this community 17 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson, 48

(c) City or town Kansas City,
(If outside city or town limits, write "RURAL")

(d) Street No. 4007 Holmes Street,
(If rural, give location)

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

If yes, name country X

3. (a) PRINT FULL NAME Mrs. Rose M. Hale,

3. (b) If veteran, name war no.

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 21st
year 1943 hour 11:30 minute 8. M.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Arch M. Hale

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

7. Birth date of deceased February 19 1889
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov. 13 1943 to Nov. 21 1943
that I last saw her alive on Nov. 21 1943
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>9</u>	<u>2</u>	<u>br. min.</u>

Immediate cause of death Acute Glomerular Nephritis with marked uraemia 4 days

Due to Chronic Glomerular Nephritis 2 yrs

Due to Chronic Cholecystitis 3 or 4 yr

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

Other conditions 134 R
(Includes pregnancy within 3 months of death)

10. Usual occupation Housewife,

11. Industry or business X

12. Name Unknown,

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

14. Maiden name Tolitha Copeland

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

Major findings: Of operations 134 R

Of autopsy 134 R

PHYSICIAN —
Underline the cause to which death should be charged statistically.

16. (a) Informant Arch M. Hale,

(b) Address 4007 Holmes St., Kansas City, Mo.

17. (a) Burial (b) Date thereof 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamilton, Missouri,

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? _____

18. (a) Signature of funeral director Stine & McClure,

(b) Address 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 11-22-43 (b) H. C. Brown
(Date received local registrar) (Registrar's signature)

23. Signature Allen L. Beach MD of other _____
Address 400 Prof. Bldg Date signed 11-22-43

FEB 18 1946

APR 26 1946

Dr. A. L. Hearst, Prof. Bldg.

P.M.

JUL 14 1947

JUL 11 1947

JAN 12

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 *John H. Hurley*
Licensed Embalmer No. *4050*

P. O. Address *Kansas City 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.