S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 41049

FILED JAN 5 1944

Registration District No. 49

Primary Registration District No. 1002

Registrar's No. 3412

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: 710 E. 6th. St /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 35 yrs

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Mo. (b) County: Jackson

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

(d) Street No.: 710 E. 6th St.
(If rural, give location)

(e) Citizen of foreign country? ____ (Yes or No): No
If yes, name country ____

3. (a) PRINT FULL NAME: ANNA HALL

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

3. (c) Social Security No.: none

4. Sex: F.

5. Color or race: Col.

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

6. (b) Name of husband or wife: Madison Hall

6. (c) Age of husband or wife if living: Died 85 years

7. Birth date of deceased: 12 (Month) 1 (Day) 1883 (Year)

8. AGE: Years 60 Months 04 Days 18 If less than one day ____ hr. ____ min.

9. Birthplace: Tennessee (City, town, or county) / (State or foreign country)

10. Usual occupation: Housework.

11. Industry or business: ____

MOTHER
12. Name: Unknown
13. Birthplace: Tenn. (City, town, or county) / (State or foreign country)

FATHER
14. Maiden name: Unknown
15. Birthplace: Tenn. (City, town, or county) / (State or foreign country)

16. (a) Informant: Madison Hall
(b) Address: 710 E. 6th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 12/29/43 (Month) (Day) (Year)
(c) Place: burial or cremation: Highland

18. (a) Signature of funeral director: H. B. Moore
(b) Address: 1820 E. 18th St.

19. (a) 12-21-43 (Date received local registrar) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 17 year 1943 hour 11:00 minute a M.

21. I hereby certify that I attended the deceased from Deputy Coroner 19__;
that I last saw h__ alive on ____ 19__;
and that death occurred on the date and hour stated above.

Immediate cause of death: Bronchio Pneumonia — Duration

Due to: ____

Due to: 107

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

Major findings:
Of operations: ____
Of autopsy: Insp. History

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: F. Richardson (M. D. or other)
Address: 1832 Vine Date signed 12-26-43

(Licensed Embalmer's Statement on Reverse Side)

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 me

H B Moore, Registered Apprentice No.

working under my personal supervision.

Signed H B Moore

Licensed Embalmer No. 3410

P. O. Address 1820 E 18 st

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.