

FILED JAN 19 1944
Registration District No. 149

Primary Registration District No. 1002

State File No. _____
Registrar's No. 5653

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: 909 Penn. 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 1 year years, months or days)

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. 909 Penn
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANDREW E. HALE

3. (b) If veteran, name war Unk 3. (c) Social Security No. No

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2 Wid
6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 4 9 1868
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
75 8 21 hr. min.

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

10. Usual occupation FARMER

11. Industry or business _____

12. Name SAMUEL HALE
13. Birthplace PENNSYLVANIA 1
(City, town, or county) (State or foreign country)
14. Maiden name CYNTHIA CASTOR
15. Birthplace _____ 9
(City, town, or county) (State or foreign country)

16. (a) Informant MRS. H.R. BOTTS
(b) Address KIMBALL NEBRASKA
17. (a) Rural (b) Date thereof 12-31-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation MAYSVILLE MO.

18. (a) Signature of funeral director Doc Samuelson
(b) Address 2332 Monitor Place
19. (c) Dec 31, 1943 J. E. Brown
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30
year 1943 hour 7 minute 30 P. M.
21. I hereby certify that I attended the deceased from Nov 3, 1943 to Dec 30, 1943
that I last saw him alive on Dec 30, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Haemorrhage Duration 2 days
Due to Chl. Presidentis
Due to Chl. Myocarditis

Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: 93d
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
While at work? _____
23. Signature Chas. Counsel M.D. (M. D. or other)
Address 708 W 17th St Date signed 1/1/44

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

MOTHER FATHER

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 *Oscar Samuelson*.....

Licensed Embalmer No. *3002*.....

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.