

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 6097

FILED MAR 6 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 908

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: St Marys Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 10 days
(Specify whether)

In this community. 10 days
years, months or days)

3. (a) PRINT FULL NAME. Lona May 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. Charles Hall

6. (c) Age of husband or wife if alive. 23 years

7. Birth date of deceased. April 2 1922
(Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---------|-------|--------|------|----------------------|
| | 21 | 10 | 23 | hr. min. |

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

10. Usual occupation. House wife

11. Industry or business.

MOTHER FATHER {

12. Name. John Parris

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

14. Maiden name. Mary

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

16. (a) Informant. Mrs Earl James

(b) Address. 5306 Brooklyn

17. (a) Removal
(Burial, cremation, or removal)

(b) Date thereof. Feb 25 1944
(Month) (Day) (Year)

(c) Place: burial or cremation. Callio Missouri

18. (a) Signature of funeral director. Mrs C. L. Forster

(b) Address. 918 Brooklyn

19. (a) 2-25-44
(Date received local registrar)

(b) T. E. Brown
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State. Missouri (b) County. Macon

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

(d) Street No. Rural
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month. 2 day. 25
year. 44 hour. 6:05 minutes. PM M.

21. I hereby certify that I attended the deceased from 1922 to 1944,
that I last saw him alive on _____, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death. Second and third degree burn of lower extremities

Due to. Store exploded (Pounds out in center).

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations. 181-1

Of autopsy. See atom 15

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify). Accident abt

(b) Date of occurrence. about Feb 18, 1943

(c) Where did injury occur? Callio Mo
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no (Specify type of place)

(e) Means of injury.

23. Signature. T. E. Brown (M. E. Registrar)

Address. Callio Date signed 2/25/44

61

0

0

1

19____

19____

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 *Russell C. Browning*

Licensed Embalmer No. *2724* ✓

P. O. Address *R.C. no*

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.