

FILED MAR 9 1944

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. 992

1. PLACE OF DEATH:
 (a) County Jackson
 (b) City or town Kaw
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: Nelson Hotel 0
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether)
 In this community 3 months years, months or days

2. USUAL RESIDENCE OF DECEASED: 999
 (a) State Texas (b) County #1
 (c) City or town Fort Worth, Texas
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2915 - Clinton Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country. 2

3. (a) PRINT FULL NAME Francis James Hallberg
 (b) If veteran, name war no
 (c) Social Security No. TW

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Mar day 1
 year 1944 hour _____ minute _____ M.
 21. I hereby certify that I attended the deceased from _____ to _____, 19____;
 that I last saw h. Deputy Coroner
 and that death occurred on the date and hour stated above. 19____;
 Immediate cause of death: Acute Bronchial Gastritis
 Duration _____

4. Sex Fe 5. Color or race Wh
 6. (a) Single, widowed, married, divorced, widower
 6. (c) Age of husband or wife if alive 26 years
 7. Birth date of deceased June 26 - 1919
 (Month) (Day) (Year)

8. AGE: Years 24 Months 8 Days 5
 If less than one day hr. _____ min.

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

10. Usual occupation: Wife

11. Industry or business _____

MOTHER FATHER {
 12. Name Walter Mc Linnick
 13. Birthplace: Texas (City, town, or county) (State or foreign country)
 14. Maiden name: Leta Joyce
 15. Birthplace: Texas (City, town, or county) (State or foreign country)

16. (a) Informant Bruce Haraty

(b) Address Fort Worth, Texas

17. (a) Burial, cremation, or removal: Burial (b) Date thereof 3-2-44
 (Month) (Day) (Year)

(c) Place: burial or cremation: Fort Worth, Texas

18. (a) Signature of funeral director: H. E. Brown

(b) Address 2315 Leighton
 19. (a) 3-2-44 (Date received local registrar) (b) M. E. Brown (Registrar's signature)

Due to: Suicide Ingestion of "Black Leaf"
 Due to: _____
 Other conditions: _____ (Include pregnancy within 3 months of death)
 Major findings: 163-9
 Of operations: _____
 Of autopsy: See Above

22. If death was due to external causes, fill in the following:
 (c) Accident, suicide, or homicide (specify) Suicide 123
 (b) Date of occurrence March 1, 1944
 (c) Where did injury occur: Kansas City MO
 (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 While at work? No (Specify type of place) (e) Means of injury: Poison

23. Signature: A. E. Usher (M. D. or other) 8/11/44
 Address: 2315 Leighton Date signed: 8/11/44

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

OCT 22 1948

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 Harry C. Bergman

Licensed Embalmer No. 2041

P. O. Address Ke 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.