

**FILED MAY 2 1944**

Registration District No. 150

Primary Registration District No. 5572

Registrar's No. 36

1. PLACE OF DEATH:

(a) County Jackson  
(b) City or town So Highway Rural Prairie  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: Highway 4 mi East State Patrol Office 3  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution: -  
(Specify whether

In this community -  
years, months or days)

3. (a) PRINT FULL NAME Raymond Hall

3. (b) If veteran, name war No 3. (c) Social Security No 491-07-5488

4. Sex MO 5. Color or race W 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Marie Hall 6. (c) Age of husband or wife if alive 28 years  
7. Birth date of deceased 12-19-1912  
(Month) (Day) (Year)

8. AGE: Years 31 Months 3 Days 9 If less than one day hr. min.

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

10. Usual occupation Truck Driver

11. Industry or business Shrin Truck Lines

12. Name J. H. Hall  
13. Birthplace Couper Co. Mo  
(City, town, or county) (State or foreign country)

14. Maiden name Lou Baetz  
15. Birthplace Pettis Co Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant J. H. Hall

(b) Address So Sedalia Mo

17. (a) Burial (b) Date thereof 3-30-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Crown Hill, Sedalia Mo

18. (a) Signature of funeral director M. B. Langford

(b) Address Lee's Burial Home

19. (a) Mar. 29, 1944 (b) J. M. Schick  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Pettis Co  
(c) City or town Sedalia  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1609 So Carr 6  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 28th  
year 1944 hour 7 minute 30 A.M.

21. I hereby certify that Dr. Brown attended the deceased from - to -, 1944;  
that I last saw him - alive on -, 1944;  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushing injury of the chest  
Compression of trachea

Due to Strangulation -

Due to Collection of trachea -

Other conditions 1700 cc  
(Include pregnancy within 3 months of death)

Major findings: Of operations 2

Of autopsy See above

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

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

(b) Date of occurrence 3/28/44

(c) Where did injury occur? Lee's Burial Home Jackson  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
No. 50 Highway  
(Specify type of place) (e) Means of injury 3/28/44

While at work Yes

23. Signature Dr. Brown (M. D. or other) 3

Address Lee's Burial Home Date signed 3/28/44

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

MOTHER FATHER

Duration  
Physician  
Underline the cause to which death should be charged statistically.

APR 15 1945

MAY 4 1945

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.....

*H. Blangford*

Licensed Embalmer No. ....

*3833*

P. O. Address.....

*Lees Summit*

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.