

FILED JUL 24 1944

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2920

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:
3947 Wyoming
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution none (Specify whether
In this community 47 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48
(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL") 8
(d) Street No. 3947 Wyoming
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME

Samuel G. Hall

3. (b) If veteran,

name war none

3. (c) Social Security

No. none

4. Sex Male

5. Color or race white

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

6. (b) Name of husband or wife Sarah Ellen Hall

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

7. Birth date of deceased Oct. 9 1869
(Month) (Day) (Year)

8. AGE:

Years 74 Months 9 Days 4
If less than one day
hr. min.

9. Birthplace

Clay Co Kansas
(City, town, or county) (State or foreign country)

10. Usual occupation

Pet. Machinist

11. Industry or business

J. K. Sammons

MOTHER FATHER

12. Name

Samuel Hall

13. Birthplace

no record Germany
(City, town, or county) (State or foreign country)

14. Maiden name

Henretta Weiss

15. Birthplace

no record Germany
(City, town, or county) (State or foreign country)

16. (a) Informant

Oleeda V. Hall

(b) Address

3947 Wyoming

17. (a)

burial (b) Date thereof 7/15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation

St Moriah Cen.

18. (a) Signature of funeral director

Gates Funeral Home

(b) Address

1901 Olathe Blvd.

19. (a)

7-14-44
(Date received local registrar)

T. E. Brown
(Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH:

Month July day 13
year 1944 hour minute M.

21. I hereby certify that I attended the deceased from

June 1 1944 to July 13 1944

that I last saw him alive on July 12 1944
and that death occurred on the date and hour stated above.

Immediate cause of death

Acute Insufficiency of
Skeletal Muscle
over a year

Duration

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

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?

While at work?

(Specify type of place)

(e) Means of injury

23. Signature

E. H. Berlinger

(M. D. or other)

Address

520 Maple Bldg.

Date signed July 14 1944

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

Original Filed

Mr. E. H. Zielinger
Argyle Bldg.
No 4606

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..... *W. C. Haid*

Licensed Embalmer No..... *3991*

P. O. Address..... *309 E. 67*

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.

H. P. MO