S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1944

Registration District No. 749

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 30136

Registrar's No. 3673

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:
K. C. General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 21 days 0 (Specify whether
In this community 9 months
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 4 2

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

(d) Street No. 623 Euclid
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country D

3. (a) PRINT FULL NAME William Hall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Sophrona Gladys Hall

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

7. Birth date of deceased July (Month) 14th (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
77	1	26	hr. min.

9. Birthplace (City, town, or county) 10 Missouri (State or foreign country)

10. Usual occupation Retired

11. Industry or business Farmer

FATHER
12. Name Albert L. Hall
13. Birthplace (City, town, or county) Ohio 1 (State or foreign country)

MOTHER
14. Maiden name Mary Secrest
15. Birthplace (City, town, or county) Kentucky 1 (State or foreign country)

16. (a) Informant Alta Van Dyke

(b) Address 8150 Wornall Road

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-12-44 (Month) (Day) (Year)

(c) Place: burial or cremation Spickard, Missouri

18. (a) Signature of funeral director Freeman Mortuary

(b) Address Kansas City, Missouri

19. (a) 9-11-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 10
year 1944 hour 3 minute 45 A. M.

21. I hereby certify that I attended the deceased from August 22, 1944 to September 10, 1944
that I last saw him alive on September 10, 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerotic heart disease	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death) 9 3 d	

Major findings:
Of operations
Of autopsy None

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(c) 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)

While at work? (e) Means of injury

23. Signature A. E. Asher (M. D. or other) MD

Address Med. Dir. Gen'l Hosp. Date signed 9-11-44

(Licensed Embalmer's Statement on Reverse Side)

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 Johnnie E. Freeman

Licensed Embalmer No. 481

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.