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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 14 1944

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31075

State File No. 31075

Registration District No. 154 | Primary Registration District No. 5575 | Registrar's No. 60

1. PLACE OF DEATH:

(a) County: JACKSON

(b) City or town: KANSAS CITY - WASHINGTON RURAL
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1011 - WEST - 81ST STREET
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: — (Specify whether)

In this community: 53 YEARS
(years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: MISSOURI (b) County: JACKSON

(c) City or town: KANSAS CITY - RURAL
(If outside city or town limits, write "RURAL")

(d) Street No.: 1011 - WEST - 81ST STREET
(If rural, give location)

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

If yes, name country: —

3. (a) PRINT FULL NAME: MR JOHN LEWIS HALL

3. (b) If veteran, name war: NO

3. (c) Social Security No. 487-01-6476

4. Sex: MALE

5. Color or race: WHITE

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

6. (b) Name of husband or wife: MRS. LUCILLE HALL

6. (c) Age of husband or wife if alive: 49 years

7. Birth date of deceased: AUGUST (Month) - 27 (Day) - 1891 (Year)

8. AGE:

Years	Months	Days	If less than one day
53	1	3	hr. min.

9. Birthplace: KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation: TRUCK DISPATCHER

11. Industry or business: JENKINS MUSIC COMPANY

FATHER
12. Name: JOHN HENRY HALL
13. Birthplace: UNKNOWN (City, town, or county) KANSAS (State or foreign country)

MOTHER
14. Maiden name: LOA RUTLEDGE
15. Birthplace: CANTON (City, town, or county) ILLINOIS (State or foreign country)

16. (a) Informant: Lucille Hall
(b) Address: 1011 W. 81st

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof: OCT - 3 - 1944 (Month) (Day) (Year)
(c) Place: burial or cremation: Forest Hill Memorial CEMETERY

18. (a) Signature of funeral director: D. H. Newcomer's Sons
(b) Address: 1401 - BRUSH CREEK BLVD - KANSAS CITY, MO.

19. (a) 10-5-44 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month SEPT. day 30TH year 1944 hour 1 minute 15 P.M.

21. I hereby certify that I attended the deceased from 7/6, 1944 to 9/30, 1944 that I last saw him alive on 9/20, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cerebral Haemorrhage	7 hrs
Due to: Arteriosclerosis	—
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? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: R. A. Williams (M. D. or other)

Address: 5400 St. John Ave. Date signed: 10/2/44

Dr. Annie S. Hedges (Licensed Embalmer's Statement on Reverse Side) K.C. Mo

5400 St. John Avenue
3-6

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 Emile M. Calhoun

Licensed Embalmer No. 3506

P. O. Address K. C. 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.