

FILED NOV 13 1944  
Registration District No. ....

Primary Registration District No. 1002

Registrar's No. ....

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Howe  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1836 Washington  
(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 1/2 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson

(c) City or town 1836 Washington 4  
(If outside city or town limits, write "RURAL")

(d) Street No. Kansas City  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Elsa Grace Hall

3. (b) If veteran, name war no

3. (c) Social Security No. 491-20-6206

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 21 year 1944 hour nine minute seven P.M.

21. I hereby certify that I attended the deceased from October 19 1944 to October 21 1944 and that death occurred on the date and hour stated above.

that I last saw her alive on October 21, 1944

4. Sex Fe | 5. Color or race Wh

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

6. (b) Name of husband or wife Hugh Hall

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased Sept 23 1913  
(Month) (Day) (Year)

Immediate cause of death Cardiac Decompensation 4 days

Due to Rheumatic Heart Disease, Old

8. AGE: Years 31 Months 0 Days 28 If less than one day hr. min.

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

10. Usual occupation Seeds Rouch Co

Other conditions (Include pregnancy within 3 months of death) 95 lb

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name T. Y. Payton

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

14. Maiden name Maudie West

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

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 \_\_\_\_\_

16. (a) Informant Hugh Hall

(b) Address 1836 Washington

17. (a) Removal Removal via City (b) Date thereof Oct-18-1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Louisburg Kans

18. (a) Signature of funeral director Wm C R Foster

(b) Address 918 Franklin

19. (a) Oct 23 1944 (b) J. G. Brown  
(Date received local registrar) (Registrar's signature)

23. Signature Wm H. Bain (M. D. number) \_\_\_\_\_  
Address 3802 Cambridge Date signed 10-21-44

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

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 Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address KL 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.