

S. No. 2  
M-2-43  
5-17-39  
P. I. X35697

5171

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED FEB 17 1945/9

Primary Registration District No. 1602

Registrar's No. 631

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

1. PLACE OF DEATH:  
(c) County Jackson  
(d) City or town Kansas City  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Vineyard Park Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2 Days  
(Specify whether  
in this community 55 Years  
years, months or days)

3. (a) PRINT FULL NAME LeRoy I. Hall  
3. (b) If veteran, name war No  
3. (c) Social Security No. 496-01-7601

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Lorette Hall 6. (c) Age of husband or wife if alive 60 years  
7. Birth date of deceased Oct. 8th 1887  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>3</u>	<u>29</u>	hr. _____ min. _____

9. Birthplace Alton Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Supt.

11. Industry or business Country Club Laundry

MOTHER } 12. Name John W. Hall  
FATHER } 13. Birthplace Carlinsville Ill.  
(City, town, or county) (State or foreign country)  
14. Maiden name Sarah Ann Marvin  
15. Birthplace Bob Roy Ind.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lorette Hall  
(b) Address 102nd & Wornall Rd.

17. (a) Burial (b) Date thereof 2-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address Kansas City, Missouri

19. (a) 2-8-45 (b) T. E. Brown  
(Date received local registrar) (Registrar's signature)

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")  
(d) Street No. 102nd & Wornall Rd. 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7  
year 1945 hour 2 minute 30 M.  
21. I hereby certify that I attended the deceased from Feb 6 1945 to Feb 7 1945  
that I last saw him alive on Feb 7 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death Nephritis  
Duration 2 days

Due to Nephritis (acute) m.m.o. 8 days

Due to \_\_\_\_\_ ?

Other conditions arteriosclerosis ?

Major findings: Of operations None PHYSICIAN \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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 0

23. Signature J. E. Sheldon (M. D. or other) \_\_\_\_\_  
Address 1922 Walnut Date signed 2-7-45

100 Mo.

**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 Walter H. Erwin

Licensed Embalmer No. 4352

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.**