

S. No. 2
OM-5-43
v. 5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12191

State File No. _____

FILED MAY 3 1945

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 1724

18
3
8

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

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.Gen. Hosp. No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

In this community 25 years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME EDWIN Edward S. 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 Clara Hall

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

7. Birth date of deceased January 12 1870
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>3</u>	<u>2</u>	hr. min.

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

10. Usual occupation Retail Store owner

11. Industry or business owner

MOTHER FATHER

12. Name William F. Hall

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

14. Maiden name Jenny M. Stearns

15. Birthplace New Mex Hampshire
(City, town, or county) (State or foreign country)

16. (a) Informant Eugene Hall

(b) Address 3429 Holmes

17. (a) Burial (b) Date thereof 4-17-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Elmwood Cem

18. (a) Signature of funeral director Melody McElilly

(b) Address K.C. Mo

19. (a) 4-17-45 (b) Seraldine Holmes
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

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

(d) Street No. 714 E. 9th St.
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th
year 1945 hour 5:35 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from 4-12-45, 1945, to 4-14-45, 1945;
that I last saw h. im live on 4-14-45, 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Pernicious Anemia

Due to _____

Due to _____

Other conditions 73a
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy None

Duration _____

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)

23. Signature Clark W. Tully (M. D. or other) _____

Address Med. Supt. K.C. Gen. Hosp. Kansas City, 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.....

Russell A. France

Licensed Embalmer No. *4255*

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.