

1. PLACE OF DEATH: Clay  
 (a) County Clay  
 (b) City or town Kearney  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Clay  
 (c) City or town Kearney  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. \_\_\_\_\_ (If rural, give location)  
 (e) Citizen of foreign country? 0 (Yes or No)  
 If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Luella Price Hall  
 3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

MEDICAL CERTIFICATION  
 20. DATE OF DEATH: Month 3 day 11  
 year 1945 hour 9 minute 30 a. m.  
 21. I hereby certify that I attended the deceased from 3-9 1945, to 3-11 1945,  
 that I last saw h. or alive on 3-10 1945  
 and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
 6. (b) Name of husband or wife William Hall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased January 11 1857  
 (Month) (Day) (Year)

Immediate cause of death Chronic myocardial degeneration  
 Due to senility  
 Due to \_\_\_\_\_  
 Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

8. AGE: Years 88 Months 2 Days 0 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.  
 9. Birthplace Clay County Missouri  
 (City, town, or county) (State or foreign country)  
 10. Usual occupation Housewife

Major findings: \_\_\_\_\_  
 Of operations: \_\_\_\_\_  
 Of autopsy: \_\_\_\_\_  
 PHYSICIAN \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

MOTHER FATHER { 12. Name Drs Peters 0  
 13. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 14. Maiden name Arthura Courtney  
 15. Birthplace Missouri  
 (City, town, or county) (State or foreign country)  
 16. (a) Informant Leuther Hall  
 (b) Address Kearney Mo  
 17. (a) Burial (b) Date thereof March 14-1945  
 (Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Fairview Cem. Kearney  
 18. (a) Signature of funeral director Leonard Fry  
 (b) Address Kearney Mo  
 19. (a) Mar 14 1945 (b) Heleen Early  
 (Date received local registrar) (Registrar's signature)

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 2  
 23. Signature Otto Kenneth Keller (M. D. or other) D.O.  
 Address Kearney Mo Date signed 3-12-45

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

**RECEIVED**

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4/13/45

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**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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney 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.**