V. S. No. 2
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Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 26 1945

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 15878

Primary Registration District No. 1002

Registrar's No. 2018

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

1838

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: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 8 days (Specify whether years, months or days)
In this community: all his life

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.: 4325 Highland
(If rural, give location)
(e) Citizen of foreign country? no. (Yes or No)
If yes, name country: x

3. (a) PRINT FULL NAME: George Taylor Hall
3. (b) If veteran, name war: no.
3. (c) Social Security No.: no.
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Bertha Hall
6. (c) Age of husband or wife if alive: dec. years
7. Birth date of deceased: February (Month) 10 (Day) 1876 (Year)

8. AGE: Years 68 Months 2 Days 28 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) (State or foreign country)
10. Usual occupation: Store Fixtures. Equipment
11. Industry or business: x

FATHER
12. Name: William T. Hall
13. Birthplace: unknown, (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Anna Taylor,
15. Birthplace: unknown, (City, town, or county) (State or foreign country)

16. (a) Informant: Fred Hall,
(b) Address: 2906 W. 68th Ter., Mission, Kas.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-10-45 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Washington Cemetery
18. (a) Signature of funeral director: Stine & McClure,
(b) Address: 3235 Gillham Plaza, K. C., Mo.
19. (a) 5-8-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1945 hour 1:30 minute A M.
21. I hereby certify that I attended the deceased from April 29, 1945 to May 8, 1945 that I last saw him alive on May 7, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Anterior coronary occlusion.	
Due to: Coronary sclerosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94a	

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: [illegible] (M. D. or other)
Address: K C Mo Date signed: 5-8-45

(Licensed Embalmer's Statement on Reverse Side)

JUL 10 1946

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 [signature]

Licensed Embalmer No. 1413

P. O. Address K. C. M.

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.