S. No. 2
DM—5-43
v. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

32688

State File No. .....

FILED NOV 14 1945

Registration District No. 19

Primary Registration District No. 1002

Registrar's No. 4437

**1. PLACE OF DEATH:**

(a) County JACKSON

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

(c) Name of hospital or institution:
EN ROUTE IN AMBULANCE TO ST. LUKE'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution --
(Specify whether
In this community 30 YEARS
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State MISSOURI (b) County JACKSON

(c) City or town KANSAS CITY "Rural"
(If outside city or town limits, write "RURAL")

(d) Street No. 1011 - WEST 81ST STREET
(If rural, give location)

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

If yes, name country --

3. (a) PRINT FULL NAME DAVID E. HALL

3. (b) If veteran, name war WORLD WAR II

3. (c) Social Security No. 495-09-0848

4. Sex MALE O

5. Color or race WHITE

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

6. (b) Name of husband or wife MRS. CECILE H. HALL

6. (c) Age of husband or wife if alive 28 years

7. Birth date of deceased JUNE (Month) 23 (Day) 1915 (Year)

8. AGE:

| Years | Months | Days | If less than one day |
|---|---|---|---|
| 30 | 4 | 5 | hr. min. |

9. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

10. Usual occupation OWNER

11. Industry or business HALL LANDSCAPING

FATHER
12. Name JOHN HALL
13. Birthplace KANSAS CITY (City, town, or county) MISSOURI (State or foreign country)

MOTHER
14. Maiden name LUCILLE HOWARD
15. Birthplace WARRENSBURG (City, town, or county) MISSOURI (State or foreign country)

16. (a) Informant MRS. CECILE H. HALL

(b) Address 1011 - WEST 81ST STREET

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof OCT-30-1945 (Month) (Day) (Year)

(c) Place: burial or ~~cremation~~ MT. MORIAH CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Sons

(b) Address 1401 - BRUSH CREEK BLVD.

19. (a) 10-29-45 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month 10 day 28TH year 1945 hour 3 45 minute A M.

21. I hereby certify that I attended the deceased from Coroner, 19..., to ..., 19...; that I last saw h... alive on ..., 19...; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Gun shot wound of abdomen | |
| Due to | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) 166 | |

Major findings:
Of operations
Of autopsy yes as above

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) Homicide

(b) Date of occurrence 10-28-45

(c) Where did injury occur? Strasburg (City or town) Cass (County) Mo (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? no (e) Means of injury #12 shot gun

23. Signature [signature] (M. D. ~~or other~~) Coroner

Address 1424 [illegible] Date signed 10-28-45

361

(Licensed Embalmer's Statement on Reverse Side)

JAN 10 1945

## 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 E. Oscar Woothey

Licensed Embalmer No. 1767

P. O. Address Kansas City

**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.**