

7. S. No. 2
FORM-5-43
Rev. 5-17-39
I X36671

FILED DEC 12 1945

State File No. _____
Registrar's No. 4849

Registration District No. 199 Primary Registration District No. 1002

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:
General Hospital No. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
(Specify whether)

In this community Life
years, months or days

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. 6017 Agnes
(If rural, give location) 800

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

If yes, name country _____

3. (a) PRINT FULL NAME Doris Jean Hall

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex Female 5. Color or race Wh

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased April 27-1944
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 24
year 1945 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from Nov. 23 1945 to Nov. 24 1945
that I last saw her alive on Nov. 24 1945
and that death occurred on the date and hour stated above.

8. AGE:

Years	Months	Days	If less than one day
<u>1</u>	<u>6</u>	<u>26</u>	<u>27</u> hr. <u>0</u> min.

Immediate cause of death Bronchopneumonia-Edema of glottis

Due to _____

Due to _____

Other conditions: 107
(Include pregnancy within 3 months of death)

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

10. Usual occupation infant

11. Industry or business _____

12. Name Gracie Hall

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

14. Maiden name Vera Wanner

15. Birthplace K.C. Mo
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Shower Hall

(b) Address 6017 Agnes K.C. Mo

17. (a) Burial (b) Date thereof 11-26-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Floral Hills

18. (a) Signature of funeral director Mr. C. J. Farley

(b) Address 715 Brooklyn K.C. Mo

19. (a) 11-26-45 (b) Thelma Holmes
(Date received local registrar) (Registrar's signature)

Major findings:
Of operations _____

Of autopsy See 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) _____

(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)
(c) Means of injury 0

23. Signature Clark W. Seely M.D. (D. or other) _____
Address Med. Dir. Gen'l Hosp Date signed 11-26-45

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Wm K. Jackson

Licensed Embalmer No. 3954

P. O. Address 918 Brooklyn

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.

W. K. Jackson