

FILED JAN 21 1946  
Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 5425

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(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 2 days  
(Specify whether years, months or days)

In this community 13 years

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. 548 Main  
(If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Robert L. Hale

3. (b) If veteran, World War I name war. Yes

(c) Social Security No. none

4. Sex M 5. Color or race W

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

6. (b) Name of husband or wife Unknown

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

7. Birth date of deceased May 30 1892  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>53</u>	<u>7</u>	<u>23</u>	<u>22</u> hr. _____ min.

9. Birthplace \_\_\_\_\_  
(City, town, or county) (State or foreign country)

10. Usual occupation Barbar

11. Industry or business \_\_\_\_\_

12. Name Edward Everett

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

14. Maiden name Bryant, Clara

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

16. (a) Informant Record Office

(b) Address K.C. General Hosp.

17. (a) Burial (b) Date thereof 1-1-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Stet, Missouri

18. (a) Signature of funeral director Weilert Funeral Home

(b) Address 2332 Monitor Place, W.C.

19. (a) 12-29-45 (b) A. Walden  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 22  
year 1945 hour 8 minute 35 P.M.

21. I hereby certify that I attended the deceased from Dec. 20, 1945, to Dec. 22, 1945,  
that I last saw him alive on Dec. 22, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Delirium tremens  
Terminal bronchial pneumonia

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: \_\_\_\_\_

\_\_\_\_\_

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 \_\_\_\_\_

23. Signature Clark W. Seibert  
Med. Dir. Gen'l Hosp.  
(Date signed) 12-24-45

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

100293

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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..... *Blaine E. Weibert*  
Licensed Embalmer No..... *4075*  
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. •**