

FILED MAY 4 1946

Registration District No. _____

Primary Registration District No. 3008

Registrar's No. 144

1. PLACE OF DEATH:

(a) County Callaway

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

(c) Name of hospital or institution: State Hospital 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2y-5M-20d
(Specify whether years, months or days)

In this community 2y-5M-20d

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson

(c) City or town Kansas City
(If outside city or town limits, write "RURAL")

(d) Street No. 1811 Myrtle
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Hall

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: Jan 17 1869
(Month) (Day) (Year)

8. AGE:

| | | | |
|-----------|----------|-----------|----------------------|
| Years | Months | Days | If less than one day |
| <u>77</u> | <u>2</u> | <u>13</u> | hr. _____ min. _____ |

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

10. Usual occupation Housewife

11. Industry or business +

MOTHER FATHER

12. Name John James

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

14. Maiden name DK

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

16. (a) Informant Hospital Records

(b) Address _____

17. (a) Burial (b) Date thereof 4/6/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Interment

18. (a) Signature of funeral director Hall's Funeral Home
(Specify type of place)

(b) Address 776 1/2 Fulton, Mo

19. (a) 4-5-1946 (b) Josie Monastchoff
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25 year 1946 hour 10 minute 40 P. M.

21. I hereby certify that I attended the deceased from April 1 1946 to April 2 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Duration _____

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: gnd

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? _____

23. Signature J.P. Pin (M.D. or other) _____

Address Health Date signed 4/24/46

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

14
1
2

11307

RECEIVED
District Health Officer No. 9,
District File Number _____
Date Filed 5-7-46

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 Denzil C. Browning
Licensed Embalmer No. 2726
P. O. Address Fulton 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: