

Registration District No. _____

Primary Registration District No. 1002

Registrar's No. _____

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. Luke's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 day
2 years (Specify whether years, months or days)

In this community _____

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. 3716 Summit Street
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Mrs. Madge Margaret Hall

3. (b) If veteran, name war no.

3. (c) Social Security No. NO.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 25
year 1946 hour 8:35 minute P.

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Bernard C. Hall

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

7. Birth date of deceased June 30 1918
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1944 to Nov 25 1946; that I last saw her alive on Nov 25 1946; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage

Duration _____

8. AGE: Years 28 Months 4 Days 25 If less than one day _____ hr. _____ min.

Due to Toxaemia of pregnancy & hypertension

Due to delivery by cesarean section 8 mo. l.w.k.

Other conditions (death after delivery)
(Include pregnancy within 3 months of death)

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

10. Usual occupation housewife

Major findings: Of operations _____

Of autopsy Cerebral Hemorrhage

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business X

12. Name John F. Bohm

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

14. Maiden name unknown

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

16. (a) Informant Bernard C. Hall

(b) Address 3716 Summit St., Kansas City, Mo.

17. (a) burial (b) Date thereof 11-26-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Princeton, Illinois.

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? _____

18. (a) Signature of funeral director Stine & McClure

(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 11-26-46 (b) Geraldine Holmes
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature Amory R. Thoon (M. D. or other) M.D.

Address 1117 Bryant Bldg Date signed 11/24/46

35809 WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

Dr. Thorn

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.....

Licensed Embalmer No. 1415

P. O. Address 150 W 100

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.