. S. No. 2
0M—5-43
ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 27 1947

Registration District No. 149

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1002

State File No. 1126

Registrar's No. 220

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 4 days (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. 5824 East 15th St. 8
(If rural, give location)

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

If yes, name country x

3. (a) PRINT FULL NAME Miss Jewel Hale

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

3. (c) Social Security No. no.

4. Sex female

5. Color or race white

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

6. (b) Name of husband or wife x

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

7. Birth date of deceased April (Month) 21 (Day) unknown (Year)

8. AGE: Years about 70 | Months | Days | If less than one day hr. min.

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

10. Usual occupation Retired Nurse

11. Industry or business x

FATHER
12. Name John E. Hale
13. Birthplace Missouri (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Adelia Lewis
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant John S. Boyer, Jr.
(b) Address 5824 E. 15th St., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 1-20-47 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Washington Cemetery

18. (a) Signature of funeral director Stine & McClure
(b) Address 3235 Gillham Plaza, K. C., Mo.

19. (a) 1-17-47 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 17
year 1947 hour 12:01 minute P. M.

21. I hereby certify that I attended the deceased from 1-12-47 to 1-17-1947
that I last saw her alive on 1-17-1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Occlusion, coronary artery	5 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

94a

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James A. Jarvis M.D.
Address 1105 Grand, K.C. Mo. Date signed 1-17-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. James Jarvis

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. 1446

P. O. Address.....

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.