

FILED JUN 20 1947

Registration District No. **76**

Primary Registration District No. **3026**

Registrar's No. **1772**

1. PLACE OF DEATH:

(a) County **Jackson**
(b) City or town **Independence**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Independence Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **5 days**
(Specify whether years, months or days) **80 years**

3. (a) PRINT FULL NAME **James Madison Hall**
3. (b) If veteran, name war **-**
3. (c) Social Security No. **-**

4. Sex **male**
5. Color or race **wh.**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Ms. Jeannette B. Hall**
6. (c) Age of husband or wife if alive **1 - 1865** years (Day) (Year)

8. AGE: Years **82** Months **5** Days **4**
If less than one day hr. min.

9. Birthplace **Laughlin's Mill, Powell Co. Ky.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business **Live Stock Trader, Banker**

12. Name **Marcus L. Hall**
13. Birthplace **Stanton Ky.**
(City, town or county) (State or foreign country)
14. Maiden name **Sarah Frances Stewart**
15. Birthplace **Stanton Ky.**
(City, town, or county) (State or foreign country)

16. (a) Informant **W. M. Hall**
(b) Address **1400 E 58th St K. Mo.**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 7 - 47**
(Month) (Day) (Year)
(c) Place: burial or cremation **Woodlawn Cemetery**

18. (a) Signature of funeral director **W. Mitchell**
(b) Address **310 N Main**

19. (a) **6-6-47** (Date received local registrar)
(b) **[Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Jackson**
(c) City or town **Independence**
(If outside city or town limits, write "RURAL")
(d) Street No. **1911 E 71st Terr**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **5th**
year **1947** hour **11** minute **50** P.M.

21. I hereby certify that I attended the deceased from **May 30**, 19**47**, to **June 5**, 19**47**
that I last saw **him** alive on **June 5**, 19**47**
and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral hemorrhage**
Left Hemiplegia
Duration **1 week**

Due to **Hypertensive vascular disease** not known

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: **[Signature]**
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?

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

23. Signature **Chas. Nickson, M.D.**
Address **Independence Mo** Date signed **6/16/47**

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

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 Henry D. Mitchell
Licensed Embalmer No. 3925
P. O. Address Indep. 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.