

No. 2
-12-45
-17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24203**
Registrar's No. **3235**

FILED AUG 13, 1947

Registration District No. _____ Primary Registration District No. **1002**

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

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: **GENERAL HOSPITAL NO. 2**
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **11 HRS.**
(Specify whether years, months or days) **unknown**

3. (a) PRINT FULL NAME **LUELLA HALL**

3. (b) If veteran, name war **NO**

3. (c) Social Security No. **unknown**

4. Sex **FEMALE**

5. Color or race **NEGRO**

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

6. (b) Name of husband or wife **WILLIAM HALL**

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

7. Birth date of deceased **AUGUST 3, 1907**
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
39	11	18	hr. _____ min.

9. Birthplace **SEDALIA MISSOURI**
(City, town, or county) (State or foreign country)

10. Usual occupation **MAID**

11. Industry or business _____

12. Name **GEORGE BROWN**

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

14. Maiden name **LUELLA ARMSTRONG**

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

16. (a) Informant **WILLIAM HALL (HUSBAND)**

(b) Address **1805 GROVE**

17. (a) **Burial** (b) Date thereof **8-5-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Leeds**

18. (a) Signature of funeral director **William Grace**

(b) Address **1729 Leeds**

19. (a) **8-1-47** (b) **Steraldine Holmes**
(Date received local registrar) (Registrar's signature)

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. **1805 GROVE**
(If rural, give location)

(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **JULY** day **21**,
year **1947** hour **7:** minute **50 A.** M.

21. I hereby certify that I attended the deceased from **JULY 20, 1947** to **JULY 21, 1947**
and that death occurred on the date and hour stated above.

I last saw h. **ER** alive on **JULY 21, 1947**
and that death occurred on the date and hour stated above.

Immediate cause of death **MILIARY TUBERCULOSIS**

Due to _____

Due to _____

Other conditions **220**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____

Of autopsy **SAME AS ABOVE**

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 _____ (Specify type of place) _____
Means of injury _____

23. Signature **[Signature]** (M. D. or other) **M.D.**
Address **GENERAL HOSPITAL NO. 2** Date signed **7/22/47**

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

J. Jerome Raylone
3444

Licensed Embalmer No.

P. O. Address

2503 Highland

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.