

S. No. 2  
-12-45  
5-17-39  
X47370

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34494

FILED NOV 4 1947

State File No. ....

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 4384

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:  
810 Forest 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 37 yrs years, months or days

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. 810 Forest  
(If rural, give location)  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

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

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 Wid  
6. (b) Name of husband or wife Jesse R. Hall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased: Jan 22 1873  
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 28 If less than one day hr. \_\_\_\_\_ min.

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

10. Usual occupation at home

11. Industry or business \_\_\_\_\_

MOTHER FATHER  
12. Name John Mc Kinzie 9  
13. Birthplace no Record 7  
(City, town, or county) (State or foreign country)  
14. Maiden name no Record  
15. Birthplace no Record 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Marie Corman  
(b) Address 810 Forest

17. (a) Burial (b) Date thereof Oct. 22-1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Hill

18. (a) Signature of funeral director Mrs C R Foster

(b) Address 918 Brooklyn

19. (a) 10-20-47 (b) Herbedine Holmes  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 20  
year 1947 hour 8 minute 50 am

21. I hereby certify that I attended the deceased from Sept. 14 1947 to Oct 20 1947  
that I last saw him alive on Oct 16 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death: coronary occlusion  
Due to arterial hypertension

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_  
(Include agency within 3 months of death)

Major findings: Cerebral thrombosis

Of operations: \_\_\_\_\_  
Of autopsy: 94a

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 J. W. Starned (M. D. or other) DD  
Address 408 W. ... Date signed 10-20-47

Duration  
Physician  
Underline the cause to which death should be charged statistically.

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

Dr. V. W. Bennett  
Westman 1289  
31 + 2nd  
Co 1207

**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.....

..... *Jerry A. Minor* ....., Registered Apprentice No. *437*  
working under my personal supervision.

Signed..... *Cortland Minor* .....

Licensed Embalmer No. *3414*

P. O. Address..... *918 Bunkley* .....

*H.C. No.*

**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.**