

No. 2
1-147
17-39

FILED APR 12 1948

Registration District No. **149**

Primary Registration District No. **1002**

WRITE PLAINLY—USING 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: **St. Joseph Hosp. 0**
(If not in hospital or institution, write street number and location)

(d) Length of stay: In hospital or institution **1 hr. 0**
(Specify whether years, months or days)

In this community **x** **1 hr.**

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo.** (b) County **Jackson** **48**

(c) City or town **Kansas City**
(If outside city or town limits, write "RURAL")

(d) Street No. **3710 Warwick**
(If rural, give location)

(e) Citizen of foreign country? **No** (Yes or No)

If yes, name country _____

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

3. (b) If veteran, name war **x**

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

MEDICAL CERTIFICATION **MARCH 22**

20. DATE OF DEATH: Month **1948** day **4** hour **30** minute **P** M.

4. Sex **Fem. 1**

5. Color or race **Wh**

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

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive **x** years **22** 1948

7. Birth date of deceased: **March 22 1948**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw _____ alive on _____, 19____, and that day _____ of the date and hour stated above.

Immediate cause of death _____

8. AGE:	Years	Months	Days	If less than one day
	0	0	0	1 hr. min

Congenital Malformation

Due to _____

Due to _____

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____

Of operations: **157c**

Of autopsy: **about**

9. Birthplace: **Kansas City, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **x**

11. Industry or business **x**

12. Name **H. Lawrence Hall**

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

14. Maiden name: **Winifred C. Healy**
Mass.

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

16. (a) Informant: **H. Lawrence Hall**

(b) Address: **3700 Warwick**

17. (a) **Cremation** (b) Date thereof: **3-23-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: **Elmwood Cem**
Stine & McClure

18. (a) Signature of funeral director: _____

(b) Address: **Kansas City, Mo.**

19. (a) **3-23-48** (b) **Geraldine Holmes**
(Date received local registrar) (Registrar's signature)

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 **0**

23. Signature: **Geraldine Holmes** (M. of other)

Address: **St. Joseph Hospital** Date signed: **23 Mar 48**

PHYSICIAN _____

Underline the cause of 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

Robert H. Reed

Licensed Embalmer No.

3745

P. O. Address

H. C. 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.