

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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47  
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13033

State File No. ....

FILED MAY 1 1948

Registration District No. ....

Primary Registration District No. 5573

Registrar's No. 75

1. PLACE OF DEATH:

(a) County Jackson RURAL INDEPENDENCE TWP.  
(b) City or town Grain Valley  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 25 yrs (Specify whether years, months or days)  
In this community 25 yrs

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson  
(c) City or town Grain Valley  
(If outside city or town limits, write "RURAL")  
(d) Street No.  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Charles L Hall

3. (b) If veteran, name war.....  
3. (c) Social Security No. -

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5  
year 1948 hour 1 minute 25 P.M.

21. I hereby certify that I attended the deceased from 3-1-48  
1948 to 4-5-48  
that I last saw him alive on 4-5-48  
and that death occurred on the date and hour stated above.

Immediate cause of death: CEREBRAL HEMORRHAGE  
Due to: HYPERTENSION

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

Major findings: Of operations: Of autopsy: 20

Duration  
PHYSICIAN  
Underline the cause of which death should be charged statistically.

4. Sex mo Color or race W  
5. Color or race W  
6. (a) Single, widowed, married, divorced, Married  
6. (b) Name of husband or wife Haller  
6. (c) Age of husband or wife if alive 63 years  
7. Birth date of deceased Jan 30 - 1870  
(Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 5  
If less than one day  
br. min.

9. Birthplace: Cherokee Co Kan  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Unknown 9

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

14. Maiden name: Unknown 9

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

16. (a) Informant Mrs Haller Hall

(b) Address Grain Valley Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-7-48  
(Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mo

18. (a) Signature of funeral director Mrs B. Burbb. Son  
(b) Address Oak Grove Mo

19. (a) APRIL 10, 1948 (Date received local registrar)  
(b) Deford C. Emswiler (Registrar's signature) 499

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) Means of injury  
23. Signature Charles L. Emswiler D.O.  
Address GRAIN VALLEY Date signed 4-7-48

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.....

*Kenneth Royn*

Registered Apprentice No. *63*

working under my personal supervision.

Signed..... *R. B. Webb*

Licensed Embalmer No. *2353*

P. O. Address: *Blue Springs, 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.