

Registration District No. 149

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: ST. JOSEPH HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 DAYS
(Specify whether years, months or days)

In this community LDFE - 3 DAYS

3. (a) PRINT FULL NAME RALPH LYLE HALL

3. (b) If veteran, name war NO

3. (c) Social Security No. NONE

4. Sex MALE 5. Color or race WHITE

6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife

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

7. Birth date of deceased AUGUST 1 1948
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

3 hr. min.

9. Birthplace KANSAS CITY MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business

12. Name JOE RIPLEY HALL

13. Birthplace HARRISONVILLE MISSOURI
(City, town, or county) (State or foreign country)

14. Maiden name GEORGIAN FUNICE DELFNE

15. Birthplace GRANADA COLORADO
(City, town, or county) (State or foreign country)

16. (a) Informant Joe R. Hall

(b) Address 4420 Michigan

17. (a) BURIAL (b) Date thereof AUG-6-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation GREENLAWN CEMETERY

18. (a) Signature of funeral director D. H. Newcomer's Son

(b) Address 1401 BRUSH CREEK BLDG

19. (a) 8-5-48 (b) Geraldine Holmes
(Date received local registration) (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. 4420 MICHIGAN AVENUE
(If rural, give location)

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

If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 4
year 48 hour 6 minute 10 A.M.

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

Immediate cause of death Cardiac Failure? Duration

Due to Probable congenital heart
abnormality

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 1572

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 Donald R. Miller (M. D. or other) MD
Address 4420 Michigan Date signed Aug 6 1948

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 Bernard L. Horan
Licensed Embalmer No. 4250
P. O. Address A.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.