

FILED SEP 25 1948

Registration District No. **249**

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 Hosp. #1**  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution **13 1/2 Hours**  
 In this community **30 years**  
 years, months or days (Specify whether)

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. **3041 Brooklyn**  
 (If rural, give location)  
 (e) Citizen of foreign country? **No** (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME **Ada Hale**  
 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 **Widowed**  
 6. (b) Name of husband or wife **Fred B. Hale**  
 6. (c) Age of husband or wife if alive **Deceased** years  
 7. Birth date of deceased **May 12 1876**  
 (Month) (Day) (Year)

8. AGE: Years **72** Months **4** Days **2**  
 If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business **None**

12. Name **John H. Hightower**

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

14. Maiden name **Angeline Standiford**

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

16. (a) Informant **Wittie Ann Leber**  
 (b) Address **Lawson, Missouri**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **Sept. 17, 1948**  
 (Month) (Day) (Year)

(c) Place: burial or cremation **LAWSON Cemetery**

18. (a) Signature of funeral director **D. W. Juman**  
 (b) Address **Lawson, Missouri**

19. (a) **9-14-48** (Date received local registrar) (b) **Geraldine Holmes** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **14**  
 year **1948** hour **9** minute **25** A.M.  
 21. I hereby certify that I attended the deceased from **September 13**, 19**48**, to **September 14**, 19**48**;  
 that I last saw her alive on **September 14**, 19**48**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cerebral Hemorrhage**  
**Arteriolar nephro sclerosis**

Due to.....  
 Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations **131a**  
 Of autopsy **See 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 work? (Specify type of place) (a) Means of injury **D**  
 23. Signature **D. W. Juman** (M. D. or other) **MD**  
 Address **Med. Dir. General #1 Hosp** Date signed **9-14-1948**

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

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**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 Lincoln K. Jernan

Licensed Embalmer No. 4589

P. O. Address Exeter 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.**