No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 4 1948

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 32912

Registration District No. 199 Primary Registration District No. 1002 Registrar's No. 3916

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: 5708 Park Avenue
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution — (Specify whether
In this community 14 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson 48

(c) City or town Kansas City 3
(If outside city or town limits, write "RURAL")

(d) Street No. 5708 Park 8
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Irene Olive Hall

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) ~~Single, widowed, married,~~ 3 divorced Divorced

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased April (Month) 9 (Day) 1886 (Year)

8. AGE:

Years	Months	Days	If less than one day
62	5	15	hr. min.

9. Birthplace Cobden (City, town, or county) Illinois (State or foreign country)

10. Usual occupation None

11. Industry or business At Home

FATHER
12. Name Thomas P. Casper
13. Birthplace Cobden (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah Mull
15. Birthplace Cobden (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Mr. Charles Cowel

(b) Address 5708 Park Avenue

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 9-27-48 (Month) (Day) (Year)

(c) Place: burial or cremation Herrin, Illinois

18. (a) Signature of funeral director D. H. Newcomers Sons

(b) Address 1401 Brush Creek Blvd.

19. (a) 9-26-48 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1948 hour 5 minute 45A M.

21. I hereby certify that I attended the deceased from June 11, 1948, to Sept. 26, 1948
that I last saw h. w. alive on Sept. 24, 1948;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of Uterus General Metastases	
Due to Sunday anemia	
Due to	
Other conditions (Include pregnancy within 3 months of death) 48 K	

Major findings:
Of operations Biopsy Positive Carcinoma

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Geo. Jones (M. D. ~~or other~~)

Address 80 - 4 Paseo Date signed 9/26/48

(Licensed Embalmer's Statement on Reverse Side)

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 Jess T. Dews

Licensed Embalmer No. 4453

P. O. Address Kansas City

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.