

No. 2  
-5-43  
5-17-39  
I X36671

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 4 1948

Registration District No. 149

Primary Registration District No. 1002

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Kansas City

(c) Name of hospital or institution: Kelley Conv. Home  
2800 East 10th. Street  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Years  
58 Years (Specify whether years, months or days)

In this community 58 Years (Specify whether years, months or days)

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. 2800 East 10th. Street  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Phillip Noel 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 Widowed

6. (b) Name of husband or wife Sarah Elizabeth Hall

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

7. Birth date of deceased 9 10 1859  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>89</u>	<u>01</u>	<u>28</u>	hr. min.

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

10. Usual occupation Foreman Kansas City Southern

11. Industry or business Elevator -- Retired

12. Name John Hall

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

14. Maiden name Julia Ann Doolittle

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

16. (a) Informant Mrs. Alice Blackwell

(b) Address 1015 Lowell K.C. Kansas

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-11-1948  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Moriah

18. (a) Signature of funeral director Mrs. C.L. Forster  
Kansas City, Missouri

(b) Address \_\_\_\_\_

19. (a) 11-10-48 (Date received local registrar) (b) Sheraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 8th.  
year 1948 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from June, 1948, to 11-7-, 1948;  
that I last saw him alive on 11-7-48, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia, hypertatic.

Due to Senility

Other conditions III  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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 L. E. Riller (M. D. or other)  
Address 730 Prof. Bldg., Kcma Date signed 11/9/48

Duration 3-day

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

Dr. L.E. Riller

Prof. Bldg.

VI 3434

2-4 [Signature]

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..... *Joe B. Yoder*

Licensed Embalmer No..... *4173*

P. O. Address..... *KC. 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.