

S. No. 300
 M-10-47
 v. 5-17-39
 I 3906

FEDERAL SECURITY AGENCY
 National Office of Vital Statistics
FILED DEC 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

40150
 State File No. _____
 Registrar's No. **5019**

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:
1704 E. 10th. St.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)
 In this community **About 50 years**

3. (a) PRINT FULL NAME **Wilmerth Hale**
 3. (b) If veteran, name war **no**
 3. (c) Social Security No. **None**

4. Sex **Female**
 5. Color or race **Negro**
 6. (a) Single, widowed, married, divorced **widowed**
 6. (b) Name of husband or wife **Unknown**
 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **November - 29 - 1866**
(Month) (Day) (Year)

8. AGE: Years **82** Months **0** Days **7**
 If less than one day _____ hr. _____ min.

9. Birthplace **Carrollton Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation **None**

11. Industry or business _____

12. Name **Lewis Hale**

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

14. Maiden name **Louisa Watkins**

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

16. (a) Informant **Mrs. Linnie McKinney (Niece)**

(b) Address **5938 PRAIRIE Ave., Chicago, Ill.**

17. (a) **Burial**
(Burial, cremation, or removal) (b) Date thereof **12/9/48**
(Month) (Day) (Year)

(c) Place of burial or cremation **Highland Cemetery**

18. (a) Signature of funeral director **E. Sterling Bull**

(b) Address **1212 Vine St., Kansas City, Mo.**

19. (a) **12-9-48**
(Date received local registrar) **Sheraldine Holmes**
(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. **1704 E. 10th.**
(If rural, give location)
 (e) Citizen of foreign country? **No**
(Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month **12** day **6**
 year **1948** hour **2** minute **P.** M.

21. I hereby certify that I attended the deceased from **Deputy** to **Coroner**
 that I last saw him alive on _____, 19____
 and that death occurred on the date and hour stated above.

Immediate cause of death **Cardiac Failure**
Hypertensive Heart Disease
 Due to _____
 Due to _____

Other conditions **Indeterminate**
(Include pregnancy within 3 months of death)

Major findings: **93.2**
 Of operations _____
 Of autopsy **no permit**

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)
 (c) Means of injury _____
 23. Signature **J. R. Williams**
(M. D. or other)
 Address **2636 Brooklyn** Date signed _____

48
2
8

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

12-8-48

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

E. Sterling Bills

Licensed Embalmer No. 3178

P. O. Address. 1212 Vine St., 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.