

FILED DEC 27 1948  
Registration District No. 46

Primary Registration District No. 5568

1. PLACE OF DEATH:

(a) County Jackson

(b) City or town Blue Township  
(If outside city or town limits, write "RURAL" and name of township) Rural

(c) Name of hospital or institution Residence, 516 S. Sterling, K.C. 3, Mo.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 77 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Kansas City, Mo.  
(If outside city or town limits, write "RURAL") Rural

(d) Street No. 516 S. Sterling  
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Mrs. Sallie E. Hall

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex female 5. Color or race white

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

6. (b) Name of husband or wife Forest Lee Hall (deceased)

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

7. Birth date of deceased April 6, 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11 year 1948 hour 8:15 minute 0 M.

21. I hereby certify that I attended the deceased from July 1948 to July 1948  
that I last saw her alive on 7/2/48 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus

Duration 3 1/2 hours  
10 years

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

77	8	5	hr. min.
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Due to

Due to

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

9. Birthplace Jackson Co., Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business self employed

12. Name James Lilley

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

14. Maiden name Elizabeth Harris

15. Birthplace Jackson Co., Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Underline the cause of which death should be charged statistically.

Major findings: Of operations 6

Of autopsy

16. (a) Informant Mrs. Howard A. Miles

(b) Address 516 S. Sterling, K. C. 3, Mo.

17. (a) burial (b) Date thereof 12/14/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Woodlawn Cemetery

18. (a) Signature of funeral director G. G. Carson

(b) Address Independence, Mo.

19. (a) 12-13-48 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

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 true or false)

White at work? (Specify true or false)

23. Signature Jud W. Smith (M. D. or other) 12/13/48

Address [Signature] Date signed

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

MOTHER FATHER

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

*R. S. Lisle*

Licensed Embalmer No.

*4123*

P. O. Address

*Independence, 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.