

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 8400
988

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>CG9</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 Weeks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Enterprise</u>		18	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Lake Side Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u>		b. (Middle) <u>E.</u>		c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3 2 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>6/20/1884/1883</u>		9. AGE (In years last birthday) <u>65</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Minister</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Smith Co. Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chester Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Campbell</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs Myrtle Hall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Myrtle Hall Enterprise, Kansas</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>disphuenza</u> DUE TO (c) <u>480X</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Hepatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-23</u> , 19 <u>49</u> , to <u>3-2</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>3-1</u> , 19 <u>49</u> , and that death occurred at <u>7:20 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. J. Graham</u>		(Degree or title) <u>2</u>		23b. ADDRESS <u>418 Bryant Bldg</u>		23c. DATE SIGNED <u>3-3-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/3/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Salina Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Enterprise Kansas</u>	
DATE REC'D BY LOCAL REG. <u>3-3-49</u>		REGISTRAR'S SIGNATURE <u>Gertrude Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>R. A. Fulton K. C. Kans.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

SEP 26 1959

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.....

Student Embalmer No.

working under my personal supervision.

Signed.....

M. M. Swisher

Signed.....

Student Embalmer

Licensed Embalmer No. 3505

P. O. Address K. C. Kano

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.