

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

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8401

1018

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>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (If in this place) <u>59</u> Years		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1000 Westover Rd.</u>				d. STREET ADDRESS (If rural, give location) <u>1000 Westover Rd.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>D.</u>		b. (Middle) <u>Walton</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>Widow</u>		8. DATE OF BIRTH <u>Sept. 3, 1873</u>	
9. AGE (In years last birthday) <u>75</u>		10. MONTHS <u>5</u>		11. DAYS <u>19</u>		12. IF UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Physician</u>				10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (State or foreign country) <u>Mo.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>C. Lester Hall</u>		13b. MOTHER'S MAIDEN NAME <u>Katherine Sappington</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine M. Hall</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert W. Wagstaff 1208 Huntington Rd.</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>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Arthritis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>sudden</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>				20. AUTOPSY? YES ☐ NO ☒	
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 WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Dec 1888</u> , 18 <u>96</u> , to <u>Mar 2, 1949</u> that I last saw the deceased alive on <u>Mar 2, 1948</u> , and that death occurred at <u>7 6</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Harry L. Jones</u> (Degree of title) <u>M.D.</u>				23b. ADDRESS <u>Kansas City, Mo.</u>		23c. DATE SIGNED <u>Mar 3-4-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/5/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill Pantheon</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-5-49</u>		REGISTRAR'S SIGNATURE <u>Sheldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & MCCLURE</u>		ADDRESS <u>Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

Hairy Jones
Bryant 11
12:30 til 5:00

MAR 28 1945

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 Robert W. Reed

Signed _____
Student Embalmer

Licensed Embalmer No. 3245

P. O. Address H. C. Ho

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.