

FILED JUL 30 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23412

2886

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 2886	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN KANSAS CITY		c. LENGTH OF STAY (In this place) 7 YEARS		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 86 48 3			
d. FULL NAME OF HOSPITAL OR INSTITUTION 6825 GRAND AVENUE				d. STREET ADDRESS (If rural, give location) 6825 GRAND AVENUE			
3. NAME OF DECEASED (Type or Print) JESSIE		a. (First)		b. (Middle) HALE		c. (Last)	
4. DATE OF DEATH JULY-4-1949		(Month)		(Day)		(Year)	
5. SEX FEMALE		16. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH AUG-13-1873	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 HR. Hours		IF UNDER 1 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEKEEPER		10b. KIND OF BUSINESS OR INDUSTRY AT HOME		11. BIRTHPLACE (State or foreign country) AMBOY, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME HENRY WILLIAMS		13b. MOTHER'S MAIDEN NAME HELEN PENNY		14. NAME OF HUSBAND OR WIFE HARRY V. HALE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. --		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. CHARLES GRESS 6825 GRAND AVENUE KANSAS CITY, MO			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's Disease		INTERVAL BETWEEN ONSET AND DEATH 2 years					
ANTECEDENT CAUSES		DUE TO (b) ---					
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) ---					
II. OTHER SIGNIFICANT CONDITIONS arteriosclerosis		3 years					
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension		3 years					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 350+				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 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 Feb 28, 1946, to July 4, 1949, that I last saw the deceased alive on June 30, 1949, and that death occurred at 7:00 P. M., from the causes and on the date stated above.							
23a. SIGNATURE William F. Sanders (Degree or title) William F. Sanders M.D.				23b. ADDRESS 1103 N. Grand Ave Kansas City, Mo		23c. DATE SIGNED July 5, 1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 7-5-49		24c. NAME OF CEMETERY OR CREMATORY -		24d. LOCATION (City, town, or county) (State) AMBOY, ILLINOIS	
DATE REC'D BY LOCAL REG. 7-5-49		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS D. W. Newcomer's Sons 1331 BRUSH CREEK BLVD KANSAS CITY, MO			

(Licensed Embalmer's Statement on Reverse Side)

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

0208
2-4:30

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.

Student _____

Student Embalmer

Signed

A. P. Nofsinger

Licensed Embalmer No.

3938

P. O. Address

Kansas City, 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.