

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>	
c. LENGTH OF STAY (In this place) <b>39 Yrs</b>		d. STREET ADDRESS (If rural, give location) <b>3710 Fuller</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3710 Fuller</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Dave</b>	b. (Middle)	c. (Last) <b>Hall</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Jan. 2, 1950</b>
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 21, 1862</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 HR. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Rock Crusher</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Stuart Sand Co.</b>	11. BIRTHPLACE (State or foreign country) <b>Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S.</b>
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13a. FATHER'S NAME <b>Unknown</b>	13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs. Lou Hall</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>493-12-7538</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lou Hall</b>	ADDRESS <b>3710 Fuller</b>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>10 days</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hyper tensions</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <b>old age 33 1/2</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Dec 23, 1949** to **Jan 2, 1950**, that I last saw the deceased alive on **Jan 1, 1950**, and that death occurred at **12:30 p.m.** from the causes and on the date stated above.

23a. SIGNATURE <b>J. J. Farnsworth</b> (Degree or title)	23b. ADDRESS <b>1103 Grand Ave No 1-3-50</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Jan. 4, 1950</b>	24c. NAME OF CEMETERY-OR CREMATORY <b>Floral Hills Ceme.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>
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DATE REC'D BY LOCAL REG. <b>1-4-50</b>	REGISTRAR'S SIGNATURE <b>Sheldine Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Earp &amp; Sons</b>	ADDRESS <b>4139 Truman Rd.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*D. Farn*

**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 *William H. Carr*

Licensed Embalmer No. *4728*

P. O. Address: *H. C. 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.