No. 300
10.48

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

FILED FEB 16 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5012

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 561

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
c. LENGTH OF STAY (in this place): —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1518 Michigan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO.
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 1518 Michigan

3. NAME OF DECEASED (Type or Print)
a. (First): Lannie
b. (Middle):
c. (Last): W. Hall

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1952

5. SEX: M
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 15, 1920
9. AGE (In years last birthday): 31 ~~8 19~~ | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Dalton Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13a. FATHER'S NAME: Peter Hall
13b. MOTHER'S MAIDEN NAME: Ellena Basey
14. NAME OF HUSBAND OR WIFE: None
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 4 yrs.
16. SOCIAL SECURITY NO.: 495-14-2847
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Ellena B. Hall Dalton 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carbon Monoxide Gas.
DUE TO (c): Coming from stove.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: E8900.5

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Clinical Analysis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 1518 Michigan
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): K.C. Jackson Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 3/52 8 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Carbon monoxide gas

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thos. A. Jones M.D.
23b. ADDRESS: 1612 E 12th
23c. DATE SIGNED: 2/5/52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-4-52
24c. NAME OF CEMETERY OR CREMATORY: Dalton
24d. LOCATION (City, town, or county) (State): Dalton Mo.

DATE REC'D BY LOCAL REG.: 2-5-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS: Flynn And Ramsey 1819 Truman Rd.

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1953

MAR 28 1952

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 me

working under my personal supervision.

Student Embalmer No.....

Signed J. F. Ramsey

Signed.....
Student Embalmer

Licensed Embalmer No. 4081

P. O. Address K. 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.