

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 24473

3103

FILED AUG 4 1952

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

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 township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 40 YRS.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 807 W 77th
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital #1			3928		
3. NAME OF DECEASED (Type or Print) a. (First) Ella b. (Middle) MAUD c. (Last) Hall			4. DATE OF DEATH (Month) (Day) (Year) July 5 52		
5. SEX Fe. /	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /	8. DATE OF BIRTH FEB. 23 1888	9. AGE (In years last birthday) 64	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE	10b. KIND OF BUSINESS OR INDUSTRY X X X	11. BIRTHPLACE (State or foreign country) APPLETON CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME S. D. GRIMES		13b. MOTHER'S MAIDEN NAME NOAMI CURRY		14. NAME OF HUSBAND OR WIFE FRED W. HALL	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO X X	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM HALL 2236 E. 75TH, K.C., MO.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	19. MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes mellitus; hypertensive cardio-vascular disease. Anasarca.	II. OTHER SIGNIFICANT CONDITIONS* Pulmonary atelectasis.				260X
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	DUE TO (b) _____				
	DUE TO (c) _____				
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 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 6-30 1952 to 7-5 1952 , that I last saw the deceased alive on July 5, 1952 , and that death occurred at 12:30 PM , from the causes and on the date stated above.					
23a. SIGNATURE B. Burns, M.D. (Degree or title)			23b. ADDRESS 24th & Cherry Sts.		23c. DATE SIGNED 7/5/52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8 JULY 52	24c. NAME OF CEMETERY OR CREMATORY FLORAL HILLS	24d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. 7-8-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS FLORAL HILLS MEMORIAL CHAPELS K.C.M.			

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Loyal C. McCord

Signed.....
Student Embalmer

Licensed Embalmer No. 4853

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.