

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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>Missouri</u> <u>Jackson</u> COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>3 wks</u>	c. CITY OR TOWN <u>Kansas City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Osteopathic Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <u>135 N. Ash</u>		f. (If rural, give location) <u>3098</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Bernice</u>		b. (Middle)		c. (Last) <u>Hall</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 16, 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Jan. 30, 1901</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>54</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>self employed</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>B. J. Crews</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Gustor</u>		14. NAME OF HUSBAND OR WIFE <u>Roy T. 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> <u>none</u>		16. SOCIAL SECURITY NO. <u>500.28 4829</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Roy T. Hall, Kansas City, Mo.</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>pneumonia hyperthorax carcinoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3. 4 hrs</u>	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastatic carcinoma of both kidneys + liver</u>		DUE TO (b) <u>bilateral metastases of lungs</u>		DUE TO (c) <u>carcinoma of left breast</u>	
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)		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 July 15, 1955 to Aug 16, 1955, that I last saw the deceased alive on Aug 16, 1955, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Earle G. Sperry</u>		23b. ADDRESS <u>5015 Truman Rd</u>		23c. DATE SIGNED <u>8/16/55</u>	
24a. BURIAL, CREMATION (REMOVAL) (Specify) <u>Burial</u>		24b. DATE <u>8/19/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Raytown, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earle G. Sperry</u>		ADDRESS <u>Independence, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>8-19-55</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Earle G. Sperry</u>		ADDRESS <u>Independence, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Earle G. Sperry

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.....  
Signature of Student Embalmer

Signed *Dean W. Huff*.....

Licensed Embalmer No. *491*.....

P. O. Address *Independence*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.