

FILED JUL 18 1956

STANDARD CERTIFICATE OF DEATH

23742

STATE FILE NUMBER

2725

Registration District No. 149 Primary Registration District 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 Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Kansas City TOWN		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hosp. #1		Length of stay in lb 25 yrs	
3. NAME OF DECEASED (Type or print) First HAROLD Middle REX Last HALL		4. DATE OF DEATH Month 6 Day 20 Year 56	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/10/1905
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY Murfin Produce Co	9c. BIRTHPLACE (City and state or country) Pattonsburg, Mo.
10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and state or country) Pattonsburg, Mo.	
12. COUNTRY OF WHAT COUNTRY? U S A		13. FATHER'S NAME Bert Hall	
14. MOTHER'S MAIDEN NAME Bessie Carter		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. 485-03-3860		17. INFORMANT Address Mrs. Loreen Ellis, St. Joseph, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Stroke + Hemorrhage</i> DUE TO (b) <i>Stroke wounds of chest + abdomen</i> DUE TO (c) CONDITIONS, IF ANY, WHICH GAVE RISE TO ABOVE CAUSE (a), STATING THE UNDERLYING CAUSE LAST. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			INTERVAL BETWEEN ONSET AND DEATH E982X
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) <i>was stabbed</i>		20c. TIME OF INJURY a. m. <i>6:25</i> p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	
20f. CITY, TOWN, OR LOCATION <i>Kansas City</i>		20g. COUNTY <i>Jackson</i>	
20h. STATE <i>Mo</i>		21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
22. SIGNATURE <i>Geo. C. Kealhofer</i>		22b. ADDRESS <i>6627 Prospect Ave</i>	
22c. DATE SIGNED <i>6-2-56</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>6/23/56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Odd Fellows</i>	
23d. LOCATION (City, town, or county) <i>Pattonsburg, Mo.</i>		24. FUNERAL DIRECTOR <i>Sheil Funeral Home, K. C. Mo.</i>	
25. DATE RECD. BY LOCAL REG. <i>6-22-56</i>		26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>	

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc., must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

(Licensed Embalmer's Statement on Reverse Side)

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 *Thomas A. Shae*.....

Licensed Embalmer No. *48*

P. O. Address *K.C.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.