

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033183

STATE FILE NUMBER

FILED SEP 16 1958

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 188

S. 300
1.-57

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, give TOWNSHIP only) OR TOWN Prairie Township		c. CITY OR TOWN Kansas City	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Jackson County Negro Home		Length of stay in lb 8yrs.	
d. STREET ADDRESS 1619 Tracy		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Joseph Middle - Last Hall			4. DATE OF DEATH Month 9 - Day 6 - Year 1958		
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5. SEX Male	6. COLOR OR RACE Negro	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> unknown	8. DATE OF BIRTH ?-?-1908	9. AGE (In years birthday) 50	IF UNDER 1 YEAR Months 9 Days 9 Hours 9 Min. 9	IF UNDER 24 HRS. Hours 9 Min. 9
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) unknown	10b. KIND OF BUSINESS OR INDUSTRY unknown	11. BIRTHPLACE (City and state or country) unknown	12. CITIZEN OF WHAT COUNTRY? unknown
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13a. FATHER'S NAME unknown	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE unknown
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) unk	16. SOCIAL SECURITY NO. unknown	17. INFORMANT Address Records; Jackson County Negro Home
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cornea Recanal Dr. Prof. 3 mo		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) Nephritis		
DUE TO (c) 593 X		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 2
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20c. TIME OF INJURY Hour 7-11 Month 9 Day 6 Year 1958 a.m. 9 p.m. 9	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	20f. CITY, TOWN, OR LOCATION Kansas City COUNTY Jackson STATE Missouri
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21. I attended the deceased from 7-1-58 to 9-6-58 and last saw her/him alive on Sept 6-58 Death occurred at 9:30 on the date stated above; and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE S. H. Griffin (Degree or title)	22b. ADDRESS R. H. DeLoe Esq. 1111 1/2 Depue Ave	22c. DATE SIGNED 9-8-58
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23. REMOVAL OF BODY a. DATE 9-10-1958 b. PLACE Mount Calvary Cemetery	23d. LOCATION (City, town, or county) Kansas City, Missouri
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24. FUNERAL DIRECTOR Weilert Funeral Homes; K.C., Mo. ADDRESS 9-10-1958	25. DATE RECD. BY LOCAL REG. 9-10-1958	26. REGISTRAR'S SIGNATURE J. B. Langstaff
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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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *B. E. Weikert*

Licensed Embalmer No. *4075*

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