URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

60-030566
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3675

ENDED

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in 1b: 60 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: General Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4441 Forest Avenue — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: JOHANNAH Middle: Last: HALL
4. DATE OF DEATH: Month: July Day: 14 Year: 1960
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 1/8/1878
9. AGE (last birthday): 82 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (City and state or country): New Market, Mo.
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: John Veach
13b. MOTHER'S MAIDEN NAME: Melvina King
14. NAME OF HUSBAND OR WIFE: Alfred R. Hall
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 488-28-1405
17. INFORMANT: Katherine Sharp, Address: 4144 McGee Street, KANSAS CITY, MISSOURI

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Generalized arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): intertrochanteric fracture right femur
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 6-26-60, to 7-14-60 and last saw her/him alive on 7-14-60
Death occurred at 2:20 P. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: H L Dwyer M.D. (Degree or title)
22b. ADDRESS: 2400 Cherry Street, K.C.Mo
22c. DATE SIGNED: 7/14/60

BY AFFIDAVIT OF H. L. Dwyer

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/16/1960
23c. NAME OF CEMETERY OR CREMATORY: Forest Hill Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City Missouri
24. FUNERAL DIRECTOR: D.W.Newcomer's Sons, ADDRESS: 1331 Brush Creek Blvd Kansas City, Mo
25. DATE RECD. BY LOCAL REG.: 7-15-60
26. REGISTRAR'S SIGNATURE: Neva Mensfall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Marvin D. Preston

Signature of Student Embalmer

Licensed Embalmer No. 5040

P. O. Address K. C., Mo

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