

Registration District No. 395

Primary Registration District No. 5551A

Registrar's No. 3

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH: Jackson

(a) County Jackson

(b) City or town Blue Springs, Rural Sni a Bar
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Lake Tapi Wingo 1 Mi West of Blue Springs
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 years
(Specify whether years, months or days)

3. (a) PRINT FULLNAME Lora B Hall

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex F M

5. Color or race W

6. (a) Single, widowed, married, divorced Wid 2

6. (b) Name of husband or wife _____

6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Oct 20 1862
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 20
If less than one day hr. _____ min. _____

9. Birthplace Joliet Ills
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

MOTHER FATHER { 12. Name Asa Barrett

13. Birthplace Canada
(City, town, or county) (State or foreign country)

14. Maiden name Avery

15. Birthplace Niagra Falls
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs F H Burkert

(b) Address Lake Tapiwingo, B.S. Mo

17. (a) Burial (b) Date thereof Feb 12 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chester, Iowa

18. (a) Signature of funeral director R.B. Webb

(b) Address Blue Springs Mo

19. (a) Feb 10 41 (b) Mrs Kathryn Jones
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jackson

(c) City or town Rural, Lake Tapiwingo
(If outside city or town limits, write "RURAL")

(d) Street No. 1 mile West of Blue Springs
(If rural, give location)

(e) If foreign born, how long in U. S. A. 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 9
year 1941 hour 7 minute 40 P. M.

21. I hereby certify that I attended the deceased from FEB 18, 1938, to FEB 9, 1941;
that I last saw her alive on FEB 9, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death UREMIA POISONING

Due to CHRONIC NEPHRITIS 3 YRS.

Due to _____

Other conditions UNHEALED FRACTURE OF 1ST LUM. 2 YRS.
(Include pregnancy within 3 months of death)

DAR VERTEBRAE

Major findings:
Of operations _____

Of autopsy _____

Duration 2 YRS.

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

3 _____
(Specify type of place) (e) Means of injury _____

23. Signature J. E. Avery (M. D. or other) DO

Address BLUE SPRINGS, MO. Date signed 2/10/41

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

R. Webb

Licensed Embalmer No. *2353*

P. O. Address *Blue Springs*

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.