S. No. 2
M—2-43
. 5-17-39
I X35697

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

4638

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 11 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 5649

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 817

1. PLACE OF DEATH:

(a) County: Jackson,

(b) City or town: Kansas City, (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1000 Westover Road, (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: no. (Specify whether)

In this community: since 1910 (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Jackson, 48

(c) City or town: Kansas City, 3 (If outside city or town limits, write "RURAL")

(d) Street No.: 1000 Westover Road, 8 (If rural, give location) 0

(e) Citizen of foreign country? no. (Yes or No)

If yes, name country: x

3. (a) PRINT FULL NAME: Mrs. Katherine Motter Hall

3. (b) If veteran, name war: no.

3. (c) Social Security No.: no.

4. Sex: female

5. Color or race: white

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Dr. D. Walton Hall

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

7. Birth date of deceased: January (Month) 15 (Day) 1885 (Year)

8. AGE: Years 61 Months 1 Days 0 If less than one day hr. min.

9. Birthplace: Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation: at home,

11. Industry or business: x

MOTHER FATHER

12. Name: Joshua Motter

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

14. Maiden name: Augusta Barrow

15. Birthplace: Tennessee (City, town, or county) (State or foreign country)

16. (a) Informant: Dr. D. Walton Hall,

(b) Address: 1000 Westover Rd., Kansas City, Mo.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 2-18-46 (Month) (Day) (Year)

(c) Place: burial or cremation: Forest Hill Pantheon

18. (a) Signature of funeral director: Stine & McClure,

(b) Address: 3235 Gillham Plaza, Kansas City, Mo.

19. (a) 2-18-46 (Date received local registrar) (b) Geraldine Holmes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 15 year 1946 hour about 5 minute P. M.

21. I hereby certify that I attended the deceased from Dec 1, 1945, to Feby 15, 1946 that I last saw h. alive on 2-15, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of liver	2 mos
Due to: Carcinoma of pancreas	uncertain
Due to: —	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations: None 4609	
Of autopsy: Ca of liver + pancreas	

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? (Specify type of place)

While at work? (e) Means of injury: 0

23. Signature: [illegible] (M. D. or other)

Address: [illegible] Date signed 2-16-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Jones

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.....Robert H Reed.....

Licensed Embalmer No.....3745.....

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 this body is not embalmed, fact should be so stated above.