

No. 300  
-10-47  
5-17-39  
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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 12692  
Registrar's No. 1393

Registration District No. 149

Primary Registration District No. 1002

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: Trinity Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 days  
In this community 43 years  
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Jackson  
(c) City or town Kansas City  
(If outside city or town limits, write "RURAL")  
(d) Street No. 1113 East 36th. Street  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Mrs. Della M. Hall  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month March day 29th.  
year 1948 hour 9 minute 36

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Ernest M. Hall  
6. (c) Age of husband or wife if alive 77 years  
7. Birth date of deceased March 17 1871  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 23  
1948 to Mar 29 1948  
that I last saw her alive on Mar 29 1948  
and that death occurred on the date and hour stated above.

8. AGE: Years 77 Months 0 Days 12  
If less than one day hr. min.

Immediate cause of death Coronary Thrombosis Duration  
acute

9. Birthplace Terra Haute, Indiana  
(City, town, or county) (State or foreign country)  
10. Usual occupation At Home

Due to.....  
Due to.....  
Other conditions 1. Coronary Degeneration  
2. Hypertension, bronchitis  
(Include pregnancy within 9 months of death)

11. Industry or business.....  
12. Name John Mattux  
13. Birthplace Indiana  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Indiana  
(City, town, or county) (State or foreign country)

Major findings: None  
Of operations.....  
Of autopsy None 940

16. (a) Informant Ernest M. Hall  
(b) Address 1113 East 36th. St.  
17. (a) burial (b) Date thereof 3/31/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) X  
(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?

(c) Place: burial or cremation Mt. Moriah Cemetery  
18. (a) Signature of funeral director Freeman Mortuary  
(b) Address 42nd. St. & Mill Creek Pkwy.  
19. (a) 3-30-48 (b) Thereldine Holmes  
(Date received local registrar) (Registrar's signature)

While at work? (Specify type of place) (c) Means of injury.....  
23. Signature Paul G. Garrison MD (M. D. or other)  
Address 1025 North Bldg. R. P. Date signed 3/30/48

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

MOTHER FATHER

8888

in from 1 to 3 this afternoon 4:30

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 Walter H. Erwin

Licensed Embalmer No. 4352

P. O. Address Kansas City, 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.