

FILED JUL 2 1946

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2717

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

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:  
6216 East 12th Street 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 6 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jackson 48  
(c) City or town Kansas City 3  
(If outside city or town limits, write "RURAL")  
(d) Street No. 6216 East 12th Street 8  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No) J  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME LAURA TURNER HALL

3. (b) If veteran, name war — NO 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife John A. Hall 6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased August 6 1873  
(Month) (Day) (Year)

8. AGE: Years 72 Months 10 Days 13 If less than one day hr. min.

9. Birthplace Ray county Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Calvin Turner 1  
13. Birthplace Salem N. C. 1  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Cleverley  
15. Birthplace Ray county Mo. 0  
(City, town, or county) (State or foreign country)

16. (a) Informant Annie Woodroof  
(b) Address Orrick, Mo.

17. (a) Burial (b) Date thereof June 20 1946  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Orrick, Mo.

18. (a) Signature of funeral director Thurman Funeral Home  
(b) Address Richmond, Mo.

19. (a) 6-19-46 (b) Geraldine Holman  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19th  
year 1946 hour 5 minute A. M.

21. I hereby certify that I attended the deceased from May 30 1946 to June 19 1946,  
that I last saw him alive on May 30 1946,  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of the liver. about 5 years  
Duration

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) 40 lb

Major findings: Of operations \_\_\_\_\_  
Of autopsy NT  
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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature James M. Abraham (M. D. or other) O  
Address 576 Argyle Bldg Date signed 6-19-46

**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..... *E. Thurman*  
*by Leonard Thurman*  
Licensed Embalmer No. *2073*  
P. O. Address..... *Richmond, 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.**