

S. No. 2
M-9-4-41
v. 5-17-39
PI X2948

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

2093

State File No. _____

Registrar's No. 80

FILED FEB 9 1943
Registration District No. 99

Primary Registration District No. 4170

32, 000
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

1. PLACE OF DEATH:
(a) County Wheeler
(b) City or town Union Star Mo.
(c) Name of hospital or institution: 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 _____ years, months or days) (Specify whether

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo (b) County Wheeler 32
(c) City or town Union Star, Mo. 0
(If outside city or town limits, write "RURAL.")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME JOHN HENRY HALL
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married divorced married
6. (b) Name of husband or wife Anna Hall 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 12, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 6 hr. min.

9. Birthplace Clarksdale Mo.
(City, town, or county) (State or foreign country)
10. Usual occupation Farmer

MOTHER FATHER
11. Industry or business _____
12. Name William Hall
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martina Butler
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lawell W. Hall
(b) Address Union Star, Mo.
17. (a) Burial (b) Date thereof Jan. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Union Star Mo.
18. (a) Signature of funeral director Lucas M. Wilson
(b) Address King City, Mo.
19. (a) 1-23-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan day 18
year 1943 hour 9 minute 0 A. M.
21. I hereby certify that I attended the deceased from Jan 17, 1943 to Jan 18, 1943
that I last saw him live on Jan 18, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Old age
myocarditis
Due to _____
Due to _____
Other conditions 938
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
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) (e) Means of injury _____
23. Signature E. M. Reynolds (M. D. or other) _____
Address Union Star Mo. Date signed 1-20-43

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 *Lucile M. Wilson*
Licensed Embalmer No. *2830*
P. O. Address. *King 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.