NOV 1 1938

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

35007
Do not use this space.

1. PLACE OF DEATH
(a) County Barry
(b) Township Cappe Creek
(c) City
Registration District No. 30
Primary Registration District No. 5041
Registered No. 44
(d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Victor Almer Hall
(a) Residence, No. 714 Lincoln Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Divorced

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mrs. James Rauch maiden name

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 27, 1912

7. AGE: Years 26 | Months 4 | Days 3 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Golden City, Missouri

FATHER
13. NAME Jesse E. Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Golden City, Missouri

MOTHER
15. MAIDEN NAME Edna Pattison
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Near Golden City, Missouri

17. INFORMANT Verne Hall
(ADDRESS) 720 Lincoln, Monett, Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE I.O.O.F. Cemetery DATE Oct. 31, 1938

19. FUNERAL DIRECTOR Callaway's
(ADDRESS) Monett, Missouri.

20. FILED 10-31- 1938 W. M. West
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1938

22. I HEREBY CERTIFY, That I attended deceased from Oct 29, 1938, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at ....m.
The principal cause of death and related causes of importance were as follows:

Killed by Automobile or truck, on highway #60 4 mi west of Monett Hit and run driver

Date of onset

Other contributory causes of importance:

Injured leg

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....
Nature of injury Skull crushed

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Floyd Callaway Coroner
(Address) Monett Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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RECEIVED
District Health Officer No. 6,
District File Number 6-38-562
Date Filed NOV 7 1938

STATEMENT BY LICENSED EMBALMER

I, Floyd B Calloway, Licensed Embalmer No. 2066

hereby certify that the body recorded on the reverse side of this certificate was embalmed by myself

L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed Floyd B Calloway

Licensed Embalmer No. 2066

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.)