

REC'D FEB 15 1939

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

2346
Do not use this space.

1. PLACE OF DEATH

(a) County GREENE Registration District No. 378
(b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 83
(c) City SPRINGFIELD (d) Street No. Bunge Hospital St. Bunge Hospital
(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

(a) Residence, No. 4672 James Avery Hall St. Route # 10
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Maude G. Hall
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) February 21 - 1876
7. AGE YEARS 62 MONTHS 11 DAYS 6 If LESS than 1 day, hrs. or min.
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
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) Jan 27, 1939 11. Total time (years) spent in this occupation 92

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 27, 1939
22. I HEREBY CERTIFY That I attended deceased from Jan 13, 1939 to Jan 24, 1939
I last saw h. m. alive on Jan 27, 1939. Death is said to have occurred on the date stated above, at 10:25 P.M.
The principal cause of death and related causes of importance were as follows:
Chr. Valvular Heart Disease Date of onset 75 years

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
13. NAME Issac Hall
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
15. MAIDEN NAME Maitha Ann King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown
17. INFORMANT (NAME) (ADDRESS) Maude G. Hall
Route 10, Springfield, Mo
18. BURIAL, CREMATION, OR REMOVAL Bellview Cem. DATE Jan 29, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Phas W. George
39 Phas W. George
20. FILED Jan 29, 1939 Local Registrar

Other contributory causes of importance:
Name of operation None Date of None
What test confirmed diagnosis? None Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so specify None
(Signed) Ray D. Callaway, M. D.
(Address) Springfield, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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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.....

J. B. Klingner

Licensed Embalmer No. *3358*

P. O. Address.....

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, above space should be left blank.