

FEB 7 1939

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

3498
Do not use this space.

81

1. PLACE OF DEATH
 (a) County Phelps Co 2 Registration District No. 678
 (b) Township Frank Primary Registration District No. 4404
 (c) City St James (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 ROGER STANLEY HALL
 (a) Residence, No. St James, Mo St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF Mrs Rose Hall (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-22-1873

7. AGE YEARS 66 MONTHS 3 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.

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

12. BIRTHPLACE (CITY OR TOWN) ST LOUIS, MICHIGAN (STATE OR COUNTRY)

FATHER 13. NAME John Hall
 14. BIRTHPLACE (CITY OR TOWN) Boston (STATE OR COUNTRY) Mass

MOTHER 15. MAIDEN NAME Anna Stanley
 16. BIRTHPLACE (CITY OR TOWN) Byron (STATE OR COUNTRY) Ohio

17. INFORMANT Mrs Mabel Rose (ADDRESS) ST JAMES, MO

18. BURIAL, CREMATION, OR REMOVAL PLACE ST JAMES, MO DATE 1-22-1939

19. FUNERAL DIRECTOR (NAME) John J. Taneyok (ADDRESS) St James, Mo

20. FILED 2-1-1939 Elice B. Hawk Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-20-1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 20, 1939 to Jan 20, 1939
 I last saw him alive on Dec 19, 1938. Death is said to have occurred on the date stated above, at 4 P. M.
 The principal cause of death and related causes of importance were as follows:
Chronic nephritis
 Date of onset 12/1

Other contributory causes of importance: _____

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 _____

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____ (Address) St James, Mo M. D.

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.

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.....

Licensed Embalmer No.....

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.