

50 JUN 19 1939

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

17977
Do not use this space.

1. PLACE OF DEATH *Bates* 2
(a) County *Bates* Registration District No. *53*
(b) Township *Osage* Primary Registration District No. *5092* Registered No. *22*
(c) City *Rich Hill* (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 *Chas. Robert Hall*
(a) Residence, No. *Rich Hill MO* St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *S*
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 30, 1939*
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *infant*
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) *Rich Hill MO*
FATHER 13. NAME *MARION HALL*
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Rich Hill MO*
MOTHER 15. MAIDEN NAME *HELEN SMITH*
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Bozeman Mo.*
17. INFORMANT (ADDRESS) *Marion Hall*
18. BURIAL, CREMATION, OR REMOVAL PLACE *Roq. Cem.* DATE *5/31/39*
19. FUNERAL DIRECTOR (ADDRESS) *Booth Funeral Home*
20. FILED *May 31* 19*39* *Clayton J. Allen M.D.* Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 30 1939*
22. I HEREBY CERTIFY, That I attended deceased from *May 30 1939* to *May 30 1939*
I last saw him/her on *May 30 1939* Death is said to have occurred on the date stated above, at *10:10 P.M.*
The principal cause of death and related causes of importance were as follows:
Heart
#D.R. on birth cert #
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 _____ (Signed) *Clayton J. Allen*, M. D.
(Address) *Rich Hill MO*

(Licensed Embalmer's Statement on Reverse Side)

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

50M-7-50-37 I X12004

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.

RECEIVED

District Health Officer No. 7,

District File Number 7-39-960

Date Filed 6-12-39

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

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

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

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.)