

1939 AUG 14 1939

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

25657
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township W. Campbell Primary Registration District No. 2001 Registered No. 599
 (c) City SPRINGFIELD (d) Street No. 2204 Nichols 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 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. moe. ds.

2. PRINT FULL NAME CHARLES HALL
 (a) Residence 2204 W Nichols 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 (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mystil Hall
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 4 1948
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
59 7 23
 OCCUPATION
 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. PLUMBER
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 31 1939
 22. I HEREBY CERTIFY, That I attended deceased from June 1938 to 7-30-39, 1939
 I last saw him alive on 7-30-39, 1939. Death is said to have occurred on the date stated above, at 3:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Carcinoma of Bladder
 Date of onset 1 yr.
51
 Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo 0
 FATHER
 13. NAME James Hall
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1
 MOTHER
 15. MAIDEN NAME Elizabeth Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind
 17. INFORMANT (ADDRESS) Joe Nutter
2204 W Nichols St
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood DATE 8-1 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Quincy Hall
Springfield Mo
 20. FILED Aug 1 1939 Chris A. George Local Registrar

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? No
 If so, specify _____ (Signed) Charles H. Jones, M.D., M. D.
Atzeng Bank, Bly
Springfield, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.....

Lloyd W. Fox

Licensed Embalmer No. *2910*

P. O. Address *629 W. Walnut*

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.