

Registration District No. 431

Primary Registration District No. 3023

Registrar's No. 126

1. PLACE OF DEATH:

(a) County Johnson 2
(b) City or town Warsawburg
(c) Name of hospital or institution:
(If outside city or town limits, write "RURAL" and name of township)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 70 years, months or days

3. (a) PRINT FULL NAME James E Hall 1400
8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 23 1852
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
87 3 19 hr. min.

9. Birthplace Washington Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer 9

11. Industry or business
12. Name John Hall 9
13. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mildred Bowen
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Lee W Hall
(b) Address Warsawburg
17. (a) Burial (b) Date thereof 11/19/1939
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Burial Home
18. (a) Signature of funeral director Fred C Williams
(b) Address Clinton Mo
19. (a) Nov 19-39 (b) Eva Gentry 301
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Johnson
(c) City or town Warsawburg
(If outside city or town limits, write "RURAL")
(d) Street No. 701 Hamilton
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 19
year 1939 hour 3 minute 30 P M.
21. I hereby certify that I attended the deceased from _____, 19____ to _____, 19____;
that I last saw him alive on sudden, 19____,
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Due to Infected bladder
enlarged prostate
Due to Old age
Other conditions (include pregnancy within 3 months of death) _____

Major findings:
Of operations _____
Of autopsy _____

PHYSICIAN
Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature D. D. Bradley (M. D. or other) Coroner
Address Warsawburg Mo Date signed 11/19/39

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1272

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RECEIVED
District Health Officer No. 8,
Date Filed 12/13/39
File Number 1272

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 Fred Wehking
Licensed Embalmer No. 2478
P. O. Address Clinton Mo.

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40038
Do not use this space.

1. PLACE OF DEATH

(a) County Johnson Registration District No. 431
 (b) Township Warrensburg Primary Registration District No. 3023
 (c) City Warrensburg Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (c) 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. James E. Hall 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid
(write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS 87 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.
 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)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19__

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED _____ 19__

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-17 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ 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:

Uremia caused by Infected Bladder enlarged Prostate
Old age 137

Other contributory causes of importance:

enlarged Prostate causing retention of urine

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) T. L. Bradley, M. D.

(Address) Warrensburg Mo

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAWS.

SUPPLEMENT

