No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

14651

State File No.

FILED MAY 13 1940

Registration District No. 203 Primary Registration District No. 4122 Registrar's No. 13

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Clay

(b) City or town Smithville (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Smithville Community Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 6 days years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clay

(c) City or town Smithville (If outside city or town limits write "RURAL")

(d) Street No. Smithville Community Hosp. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Commodore W. Hall

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife None

6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased Aug. (Month) 11 (Day) 1870 (Year)

8. AGE: Years 69 Months 8 Days 17 If less than one day hr. min.

9. Birthplace Sigourney (City, town, or county) Iowa (State or foreign country)

10. Usual occupation Grain Elevator Manger

11. Industry or business Same

FATHER
12. Name Seth E. Hall
13. Birthplace Fairfield (City, town, or county) W. Va. (State or foreign country)

MOTHER
14. Maiden name Sarah Jane McClenahan
15. Birthplace Toulon (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Grace B. Armstrong

(b) Address 605 W. Vermont Ave. Urbana, Ill.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Wed. May 1, 1940 (Month) (Day) (Year)

(c) Place: burial or cremation McCracken, Kansas

18. (a) Signature of funeral director McComas Mortorry

(b) Address Smithville, Mo.

19. (a) 4-29-1940 (Date received local registrar) (b) E. C. Hill (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 28 year 1940 hour 9:00 AM minute M.

21. I hereby certify that I attended the deceased from April 21, 1940 to April 28, 1940; that I last saw he alive on April 28, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Stomach

Due to ✓

Due to ✓

Other conditions hypertrophy prostate (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy Carcinoma Stomach

Duration

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? (Specify type of place)

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While at work? (e) Means of injury

23. Signature [signature] (M. D. or other)

Address Smithville Mo. Date signed 4/29/40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8
District File Number .....
Date Filed 3-4-48

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 Owen Boggess Jr.

Licensed Embalmer No. 394

P. O. Address Smithville, Mi

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.