

MAY 13 1940

State File No. _____

Registration District No. 411

Primary Registration District No. 5569

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Jasper
 (b) City or town Rural: Galena Twsp.
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural 3
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution None
(Specify whether)
 In this community XXXX
years, months or days

8. (a) PRINT FULL NAME Arley Warren Hall

3. (b) If veteran, name war No 3. (c) Social Security No. No

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife No 6. (c) Age of husband or wife if alive No years

7. Birth date of deceased April 17 1940
(Month) (Day) (Year)

8. AGE: Years 0 Months 0 Days 5 If less than one day
hr. min.

9. Birthplace Jasper, Co. -- Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business None

12. Name Don Hall

13. Birthplace Arkansas
(City, town, or county) (State or foreign country)

14. Maiden name Louise Carber

15. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Don Hall

(b) Address Joplin, Mo.

17. (a) Burial (b) Date thereof 4-23-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fairview Cemetery

18. (a) Signature of funeral director Perry K. Hurlbut

(b) Address 212 Joplin St., Joplin Mo.

19. (a) 4-23-46 (b) Ed Djerney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Rural R. 3
(If outside city or town limits, write "RURAL")

(d) Street No. 3 Miles NW of Joplin
(If rural, give location)

(e) If foreign born, how long in U. S. A.? No years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21
year 1940 hour 11 minute 30 A.M.

21. I hereby certify that I attended the deceased from Joplin
17th 1940 to April 21, 1940
that I last saw he alive on April 21, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage
Duration 1 day

Due to _____
Due to _____
16012

Other conditions Chronic Nephritis Duration 2 days
(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?
372 While at work? _____ (Specify type of place)
(e) Means of injury 5

23. Signature J. Dawson M.D. or other _____
Address Joplin Mo. Date signed 4-23-40

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

9

40-5-82.

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

Sam E. Sweeney

Licensed Embalmer No. 4099

P. O. Address Joplin 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.