

WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

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

17535  
Do not use this space.  
2062

FILED JUN 17 1940

**1. PLACE OF DEATH**

(a) County Lacleave Registration District No. 399  
 (b) Township W. Union Primary Registration District No. 1002  
 (c) City Hannibal Mo (d) Street No. Research Hospital Registered No. 2062  
 (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**

Howard S. Hall Howard S. Hall  
 (a) Residence, No. \_\_\_\_\_ St. Liberty Mo  
 (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 <u>M</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Hanna Hall</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1-4-1889</u>		
7. AGE YEARS <u>51</u>	MONTHS <u>4</u>	DAYS <u>14</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Clay Co. Mo.</u>		
13. NAME <u>Geo. T. Hall</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mo.</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Mrs. Hanna Hall, Liberty Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Liberty Mo.</u> DATE <u>5-29</u> 19 <u>40</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Wesley Barber, Liberty Mo.</u>		
20. FILED <u>May 19, 1940</u> <u>M. M. Grove</u> Local Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/18/40

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_  
Crown  
 I last saw him \_\_\_\_\_ 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:  
Sunbat wound of the head.  
167

Date of onset

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

23. If death was due to external causes (violence) fill in also the following:  
 Accident, suicide, or homicide Accident Date of injury 5/18/40  
 Where did injury occur? Liberty Mo  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Falling at work  
 Nature of injury Fracture by pressure

24. Was disease or injury in any way related to occupation of deceased?  
 If so, specify \_\_\_\_\_  
 (Signed) W. M. Grove \_\_\_\_\_, M. D.  
 (Address) Liberty Mo

46-101

STATEMENT BY LICENSED EMBALMER

I, No. Embalming by order of Mrs. Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Hanna Hall

L. E. Wife of the deceased

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

Signed Marvin Hessel

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.)