

Registration District No. 625

Primary Registration District No. 3031

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Nodaway
(b) City or town Maryville
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Francis Hospital
(If not in hospital or institution, write street number & location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6
year 1940 hour 12 minute 30 a. M.

21. I hereby certify that I attended the deceased from May 5-40
1940, to May 6, 1940,
that I last saw him alive on May 5, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death Premature birth
6 1/2 mo gestation

Duration

Due to _____
Due to _____
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? _____
556 (Specify type of place) _____
While at work? _____ (e) Means of injury _____

23. Signature Wm Bayles (M, D. or other) _____
Address Conception, Mo Date signed _____

3. (a) PRINT FULL NAME ALVIN RAY HALL 402

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if _____

7. Birth date of deceased May 5 1940
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day 14 hr. _____ min.

9. Birthplace Maryville Mo 0
(City, town, or county) (State or foreign country)

10. Usual occupation _____

11. Industry or business _____

12. Name Floird Lee Hall

13. Birthplace Nodaway Co. Mo. 0
(City, town, or county) (State or foreign country)

14. Maiden name Earna Jean Mc Intosh

15. Birthplace Harrison Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Floird Lee Hall
(b) Address Maryville Mo

17. (a) Burial (b) Date thereof May 7, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Miriam Cemetery

18. (a) Signature of funeral director John W. Price
(b) Address Maryville Mo

19. (a) May 7 40 (b) Name E. Clardy
(Date received local registrar) (Registrar's signature)

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

4
9
2

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.....

Licensed Embalmer No.

P. O. Address

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.