

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

Registration District No. 318 Primary Registration District No. 2001 Registrar's No. 517

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

1. PLACE OF DEATH:

(a) County: Greene  
(b) City or town: Springfield  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City 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 \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Greene  
(c) City or town: Springfield  
(If outside city or town limit write "RURAL")  
(d) Street No.: 1100 W. Division  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME: Alexander J. Hall 100

3. (b) If veteran, name war: no 3. (c) Social Security No.: none

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

6. (b) Name of husband or wife: Lizzie Hall 6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: July 1 1869  
(Month) (Day) (Year)

8. AGE: Years: 70 Months: 11 Days: 11 If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Ava Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation: Retired

11. Industry or business: Laborer

12. Name: G. W. Hall

13. Birthplace: Unknown Kentucky  
(City, town, or county) (State or foreign country)

14. Maiden name: Sarah Rogers

15. Birthplace: Unknown Indiana  
(City, town, or county) (State or foreign country)

16. (a) Informant: Lizzie Hall

(b) Address: Springfield, Mo.

17. (a) Burial (b) Date thereof: June 14 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Danforth

18. (a) Signature of funeral director: H. H. Lohmeyer  
Springfield, Mo.

(b) Address: \_\_\_\_\_

19. (a) June 13, 1940 (b) W. E. Haudley  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 12  
year 1940 hour 9 minute p. M.

21. I hereby certify that I attended the deceased from June 1  
1940, to June 12, 1940;  
that I last saw him alive on June 12, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Congestion of Feet Duration: 2 Months

Due to: Thrombo-Angiitis Obliterans?

Due to: Shock following amputation  
both legs upper 1/3.

Other conditions: g.g.w.  
(Include pregnancy within 3 months of death)

Major findings: Arteries of legs Calcified  
sclerosed - tunics greatly thickened  
Of autopsy: No

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): None

(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: Newton Wakeman (M. D. or other) \_\_\_\_\_

Address: Springfield, Mo. Date signed: 6-14-40

**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.....

*James Osburn*....., Registered Apprentice No. *227*  
working under my personal supervision.

Signed *Walter E. Hamilton*.....

Licensed Embalmer No. *3808*.....

P. O. Address *Springfield 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.**

X