

Registration District No. 5-2Primary Registration District No. 4031Registrar's No. 4

1. PLACE OF DEATH:

(a) County Bates
 (b) City or town Merwin
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community 3 years
 years, months or days)

3. (a) PRINT FULL NAME Mollie Hall 400
 3. (b) If veteran, name war no
 3. (c) Social Security No. none

4. Sex Female 5. Color or race white
 6. (a) Single, widowed, married, divorced, widowed
 6. (b) Name of husband or wife John R. Hall
 6. (c) Age of husband or wife if alive 28 years
 7. Birth date of deceased Nov. 28 1858
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
81 8 19 _____ hr. _____ min.

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

10. Usual occupation Invalid

11. Industry or business _____

MOTHER FATHER
 { 12. Name Unk Burton
 { 13. Birthplace Unk unk. 9
 (City, town, or county) (State or foreign country)
 { 14. Maiden name Unk
 { 15. Birthplace Unk Unk 9
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature G.E. Hall

(b) Address Amsterdam 170

17. (a) Burial (b) Date thereof 8-19-40
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Siloam Springs, Ark.

18. (a) Signature of funeral director Walter J. Mangels

(b) Address Amsterdam Missouri

19. (a) 8-18-1940 (b) Wm. Will Tucker
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates
 (c) City or town Merwin
 (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.? no. years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th
 year 1940 hour 1 P.M. minute _____ M.

21. I hereby certify that I attended the deceased from
July 21, 1940 to Aug 17, 1940
 that I last saw h. alive on Aug 14, 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death _____
Cerebral Hemorrhage 7 days
 Duration

Due to Hypertension

Due to g. j. h.

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? _____

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

23. Signature Basil O. Haskell (M. D. or other) _____

Address Amesville Mo. Date signed Aug 18, 1940

RECEIVED

District Health Officer No. 7,

District File Number 9-40-1284

Date Filed 9-9-40

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.....

L.A. Mangold

....., Registered Apprentice No.....

working under my personal supervision.

Signed L.A. Mangold.....

Licensed Embalmer No. 3610.....

P. O. Address Amsterdam 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.