No. 2
1-10-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED OCT 18 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33436

Registration District No. 907 — Primary Registration District No. 6220 — Registrar's No. 21

1. PLACE OF DEATH:

(a) County Wright Phone Dam
(b) City or town Mansfield - Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether
In this community 60 yrs years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright
(c) City or town Mansfield - Rural
(If outside city or town limits write "RURAL")
(d) Street No. 6 mi. S.W.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Nelson Hall
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dora Hall
6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July (Month) 4 (Day) 1860 (Year)

8. AGE: Years	Months	Days	If less than one day
80	1	29	hr. min.

9. Birthplace Rone Co (City, town, or county) Tenn. 1 (State or foreign country)
10. Usual occupation Farmer 9
11. Industry or business
FATHER
12. Name Not Known 9
13. Birthplace Not Known (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Not Known
15. Birthplace Not Known (City, town, or county) (State or foreign country)
16. (a) Informant Dora Hall
(b) Address Mansfield Mo
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 3 - 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Baker Cem
18. (a) Signature of funeral director G. G. Stefferich
(b) Address Mansfield Mo R 2
19. (a) Sept. 5, 1940 (Date received local registrar) (b) J. M. D. Short (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 2 year 1940 hour 10 30 minute P M.
21. I hereby certify that I attended the deceased from Aug 1, 1940, to Sept 2, 1940 that I last saw him alive on Aug 4, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Acute Pericarditis	few days
Due to	
Due to Old Age	
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? (Specify type of place)
While at work? (e) Means of injury
23. Signature J. A. Fusner (M. D. ~~or other~~) 1
Address Mansfield Mo Date signed Aug. 4-40

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 5
District File Number 1040-3128
Date Filed OCT 3 1940

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 F. A. Stiffle

Licensed Embalmer No. 3231

P. O. Address Mansfield 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.