

1-10-39
17-39

DEC 11 1940 802
Registration District No.

Primary Registration District No. 8056046 Registrar's No. 74

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

1. PLACE OF DEATH:
 (a) County Schuylers
 (b) City or town Lancaster Rural Fabius
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Home
(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

3. (a) PRINT FULL NAME: Louis Vincen Hall
 8. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced W
 6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased Dec. 13 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
74 9 28 hr. 1 min.

9. Birthplace _____
(City, town, or county) (State or foreign country) mo

10. Usual occupation Farming 0

11. Industry or business 0
 MOTHER FATHER { 12. Name George Hall 0
 13. Birthplace Schuylers 0
(City, town, or county) (State or foreign country)
 14. Maiden name Betsy Prosechase
 15. Birthplace Schuylers
(City, town, or county) (State or foreign country)

16. (a) Informant Geo. Hall
 (b) Address Lancaster mo

17. (a) Burial (b) Date thereof Oct. 13 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fabius Cemetery

18. (a) Signature of funeral director P. A. Genton
 (b) Address Lancaster mo

19. (a) 1940 (b) W. E. Gerwig
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Schuylers
 (c) City or town Lancaster
(If outside city or town limits, write "RURAL")
 (d) Street No. 0 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Oct day 11
 year 1940 hour 8:30 minute P M.
 21. I hereby certify that I attended the deceased from Oct 2
1940, to Oct 4 1940;
 that I last saw him alive on Oct 4 1940
 and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
 Due to Arterio-sclerosis
 Due to _____
 Other conditions g. 2. 11
(Include pregnancy within 3 months of death)

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
 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? 721

While at work? _____ (Specify type of place)
 (e) Means of injury 2

23. Signature A. E. Vaughn (M. D. or other) D.O.
 Address Lancaster, mo Date signed Oct 13, 1940

RECEIVED

District Health Officer No. 10

District File Number 12-40-2199

Date Filed DEC 17 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

A. O. Penton

Registered Apprentice No. 3705

working under my personal supervision.

Signed A. O. Penton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Md

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.