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FILED FEB 14 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 1891

Registration District No. 85 Primary Registration District No. 1001 Registrar's No. 121

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

11
1
7

1. PLACE OF DEATH:

(a) County Buchanan

(b) City or town ~~723 So. 23rd St. St. Joseph~~ (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution 723 So. 23rd 1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 6 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Buchanan 11

(c) City or town St. Joseph 1 (If outside city or town limits write "RURAL") 7

(d) Street No. 723 So. 23rd St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

8. (a) PRINT FULL NAME James Edward Hall

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 Married 1

6. (b) Name of husband or wife Nettie Hall

6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased August (Month) 21 (Day) 1866 (Year)

8. AGE: Years 74 Months 5 Days 8 If less than one day ___ hr. ___ min.

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

10. Usual occupation retired farmer

11. Industry or business

FATHER
12. Name Edward Hall
13. Birthplace Ohio (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Sarah Barnett
15. Birthplace Idon & Kaw (City, town, or county) 9 (State or foreign country)

16. (a) Informant Mrs. Nettie Hall

(b) Address 723 So. 23 St. St. Joseph

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/30/41 (Month) (Day) (Year)

(c) Place: burial or cremation Frazier Cemetery

18. (a) Signature of funeral director H. A. Sullens

(b) Address Gower, Mo.

19. (a) 1-30-1941 (Date received local registrar) (b) H. J. Nestlebush (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 29 year 1941 hour 2 minute 30 P.M.

21. I hereby certify that ~~I attended~~ Viewed the deceased ~~from~~ on Jan 29, 1941, to ___, 19__; that I last saw h[illegible] ___, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Sclerosis

Due to General arterio sclerosis

Due to 94 W

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

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)

(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? 85 (Specify type of place)

(e) While at work? no (e) Means of injury 3

23. Signature H F Mundy (M. D. or ~~other~~) Coroner

Address St Joseph MO 404 So 3d Date signed 1/30/41

(Licensed Embalmer's Statement on Reverse Side)

ST. JOSEPH

24907

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 W. A. Sullins

Licensed Embalmer No. 1238

P. O. Address Gower, 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.