

No. 2
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NOV FEB 17 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 3350

Registration District No. 533

Primary Registration District No. 5714

Registrar's No. 16

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

1. PLACE OF DEATH:
(a) County: Macon
(b) City or town: Rural Lake
(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
In this community: all her life
years, months or days (Specify whether)

2. USUAL RESIDENCE OF DECEASED:
(a) State: Mo. (b) County: Macon
(c) City or town: Rural
(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.: 0 years.

3. (a) PRINT FULL NAME: Uva M. Hall
(b) If veteran, name war: ✓
(c) Social Security No.:

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Jan. day 26th
year 1941 hour 10 minute 45 A.M.
21. I hereby certify that I attended the deceased from June 1
1940, to Jan 26, 1941;
that I last saw HER alive on Jan 25, 1941;
and that death occurred on the date and hour stated above.

4. Sex: Female 5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
(b) Name of husband or wife: Henry J. Hall
6. (c) Age of husband or wife if alive: 64 years
7. Birth date of deceased: April 25 - 1882
Month Day Year

Immediate cause of death: Chronic myocarditis & myocardial degeneration
Due to:
Due to:
Other conditions: (Include pregnancy within 3 months of death)
A3A

8. AGE: Years 58 Months 9 Days 0
If less than one day hr. min.

9. Birthplace: Macon Co. Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation: Housewife

11. Industry or business:

12. Name: Willis H. Haley

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

14. Maiden name: Margaret Wiggins

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

16. (a) Informant: Mrs. Glenn E. Weeks
(b) Address: #4 School Rd., Kenners, Mo.

17. (a) Burial (b) Date thereof: 1-28-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation: Bloomington, Ill.

18. (a) Signature of funeral director: Stephen Goodding
(b) Address: Macon, Mo.

19. (a) 2/2/41 (b) Seaton Kenton
(Date received local registrar) (Registrar's signature)

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?
476 (Specify type of place)
While at work (e) Means of injury:
23. Signature: E. S. Konrager (M. D. or other) MD
Address: Macon, Mo. Date signed: Feb 6, 1941

RECEIVED

District Health Officer No. 10

District File Number 2-41-331

Date Filed FEB 14 1941

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

C. L. Stephens

Licensed Embalmer No.

3057

P. O. Address

Macon, 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, fact should be so stated above.