DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 18 1941

Registration District No. 906

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4781

Primary Registration District No. 6218

Registrar's No. 102

1. PLACE OF DEATH:

(a) County Wright

(b) ~~City or town~~ Hartville
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: — 1 Bruce Creek Rd
(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. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Wright

(c) City or town Hartville
(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.? — years

3. (a) PRINT FULL NAME Jasper N. Hall

3. (b) If veteran, name war —

3. (c) Social Security No. —

4. Sex Male

5. Color or race Negro

6. (a) ~~Single~~, widowed, ~~married~~, divorced — 2

6. (b) Name of husband or wife

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years 93 Months Aprox Days If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Unknown
13. Birthplace " (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace " (City, town, or county) 9 (State or foreign country)

16. (a) Informant's own signature Mary Morris
(b) Address Hartville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Jan 6 41

18. (a) Signature of funeral director Gene E Holden
(b) Address Hartville Mo

19. (a) 1-31-41 (Date received local registrar) (b) Ella Claxton (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 4th year 1941 hour 1 minute 30 P. M.

21. I hereby certify that I attended the deceased from Jan 2nd 1941, 1941 to Jan 4th, 1941 that I last saw him alive on Jan 3rd, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death General Debility Influenzia

Due to —

Due to —

Other conditions —
(Include pregnancy within 3 months of death)

Major findings:
Of operations —

Of autopsy —

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? 0 4 0 (Specify type of place)
While at work? (e) Means of injury —

23. Signature H. Murrell (M. D. or other)
Address Hartville Mo Date signed 1-4-1941

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sta
CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

I X19511

RECEIVED
District Health Officer No. 6,
District File Number 241-286
Date Filed FEB 12 1941

STATEMENT BY LICENSED EMBALMER

not

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 Gene E. Holdren

Licensed Embalmer No. 3865

P. O. Address Hartville Mo

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

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