

1. PLACE OF DEATH:

(a) County LIN  
(b) City or town PURDIN - MO  
(c) Name of hospital or institution: 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 \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME MANEY TRUSSEL HALL

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex MALE 5. Color or race WHITE 6. (a) Single, wid, divorced, 2 married, WIDOW

6. (b) Name of husband or wife ANNIE MAZINDA HALL 6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased JAN 5 1874  
(Month) (Day) (Year)

8. AGE: Years 67 Months 1 Days 22 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation FARMER

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name JONATHAN EMERY HALL

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

14. Maiden name MARGERET VIRGINIA BASH

15. Birthplace OH. VIRGINIA (City, town, or county) (State or foreign country)

16. (a) Informant MRS FLOYD HARDIN

(b) Address PURDIN, MO

17. (a) BURIAL (b) Date thereof MAR 2, 1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation DAKWOOD

18. (a) Signature of funeral director [Signature]

(b) Address Melton Mo

19. (a) 2-28-41 (b) U. C. Dryden  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County SULLIVAN  
(c) City or town MIDAN - RURAL  
(If outside city or town limit write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) If foreign born, how long in U. S. A. 1 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 27  
year 1941 hour 7 minute \_\_\_\_\_ P.M.

21. I hereby certify that I attended the deceased from February 16, 1941, to Feb. 27, 1941, that I last saw him alive on February 27, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Failure

Due to Angina Pectoris

Due to \_\_\_\_\_  
Other conditions (include pregnancy within 3 months of death) 94

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? 453

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

23. Signature Gilbert H. Rogers (M. D. or other) D.O.

Address Purdin Mo Date signed 2/28/41

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

58  
00

**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 \_\_\_\_\_

Licensed Embalmer No. 3992

P. O. Address Milwaukee Wis

**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.**