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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

APR 3 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 431 Primary Registration District No. 3023 Registrar's No. 38

1 2 2

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

1. PLACE OF DEATH:

(a) County Johnson

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

(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 (Specify whether

In this community 19 yrs. 1 years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Johnson 57 2 2

(c) City or town Warrensburg (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.

3. (a) PRINT FULL NAME Louisa Margaret Hall

3. (b) If veteran, name war

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife L. M. Hall

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased June (Month) 25 (Day) 1866 (Year)

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

9. Birthplace Johnson Co (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Joe Christian
13. Birthplace Unknown (City, town, or county) Ky (State or foreign country) 1

MOTHER
14. Maiden name Nancy Jane Kelchum
15. Birthplace Bowling Green (City, town, or county) Ky (State or foreign country) 1

16. (a) Informant L. M. Hall

(b) Address Warrensburg

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Mar (Month) 6 (Day) 1941 (Year)

(c) Place: burial or cremation Kingsville Mo

18. (a) Signature of funeral director Sweeney-Phillips

(b) Address Warrensburg Mo

19. (a) March 6 - 1941 (Date received local registrar) (b) Bertie Gentry (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar day 4 year 1941 hour 3:30 minute A.M.

21. I hereby certify that I attended the deceased from Feb. 28th, 1941, to March 4th, 1941; that I last saw her alive on March 3d, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Myocardial degeneration	3 days
Due to Senility	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature O.B. Hall (M. D. ~~or other~~) 0

Address Warrensburg Mo Date signed 3/4/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-2-41

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 Earl Priest, Registered Apprentice No. working under my personal supervision.

Signed Earl Priest

Licensed Embalmer No. 3878

P. O. Address Warrensburg M

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

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