

FILED JUN 13 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17512

Registration District No. 156

Primary Registration District No. 5219

Registrar's No. 27

1. PLACE OF DEATH:

(a) County Cass
(b) City or town Dover, Grandview, Lone tree
(c) Name of hospital or institution: Lone tree
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 33 years
years, month or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Cass 19
(c) City or town Lone tree
(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.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 16
year 1941 hour 4 : minute 00 P. M.

21. I hereby certify that I attended the deceased from Jan. 1, 1939 to April 16, 1941
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac arrest, Duration
orthopnea, influenza
sick for twenty years

Due to _____
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? _____
While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature B. B. Jout (M. D. or other) !
Address Archie mo Date signed _____

3. (a) PRINT FULL NAME James Wesley Hall
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced M.
6. (b) Name of husband or wife Lona Hall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 22 1872
(Month) (Day) (Year)

8. AGE: Years 68 Months 11 Days 24 If less than one day _____ hr. _____ min.

9. Birthplace Floyd County Ky.
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business _____

MOTHER FATHER
12. Name Scott Winfield Hall
13. Birthplace Not known
(City, town, or county) (State or foreign country)
14. Maiden name Charity Ann Tower
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lona Hall
(b) Address Harrisonville R.F.D. #3

17. (a) Burial (b) Date thereof Apr 19 1941
(Burial, cremation) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Ridge Cem.

18. (a) Signature of funeral director Atkinson Bros
(b) Address Harrisonville mo

19. (a) 5/10/41 (b) Greenley M.D.
(Date received local registrar) (Registrar's signature)

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

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

Hoyd Johnson

Licensed Embalmer No. *3920*

P. O. Address

Harrisville

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.