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DEPARTMENT OF COMMERCE **FILED JUN 16 1941** MISSOURI STATE BOARD OF HEALTH
BUREAU OF THE CENSUS **STANDARD CERTIFICATE OF DEATH**

State File No. **17906**

Registration District No. **328** Primary Registration District No. **5462** Registrar's No. _____

1. PLACE OF DEATH:

(a) County Greene
(b) City or town Trenton R. 1 - Lincoln County
(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 35 yrs
years, months or days

3. (a) PRINT FULL NAME Lula May Hall

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex F 5. Color or race W 6. (a) Single, widowed, divorced, married

6. (b) Name of husband or wife Isaac H. Hall 6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased August 20 1889
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>51</u>	<u>6</u>	<u>25</u>	hr. min.

9. Birthplace Wagner County, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business None

12. Name William Nachtstellor

13. Birthplace Wagner County, Ill
(City, town, or county) (State or foreign country)

14. Maiden name Billie Lenora Ray

15. Birthplace Wagner County, Ill
(City, town, or county) (State or foreign country)

16. (a) Informant Isaac H. Hall

(b) Address Trenton Mo R. 1

17. (a) Burial (b) Date thereof March, 18, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Wagner County, Mo

18. (a) Signature of funeral director Wm. James

(b) Address Trenton, Mo

19. (a) 3-18-41 (b) Frederick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene
(c) City or town Trenton R. 1 - Lincoln County
(If outside city or town limits, write "RURAL")
(d) Street No. Rt. 1
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 14
year 1941 hour 11 minute 40 P.M.

21. I hereby certify that I attended the deceased from 4:00 PM
Mar 14, 1941, to 10:00 PM Mar 14 1941
that I last saw her alive on Mar 14 10:00 PM 1941
and that death occurred on the date and hour stated above

Immediate cause of death Cerebral hemorrhage Duration 12 hrs

Due to _____
Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____
Of autopsy no
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? 300

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

23. Signature Richard McElvahan (M. D. or other)
Address Spickard, Mo Date signed Mar 15

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

MOTHER FATHER

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

Myself

working under my personal supervision.

Registered Apprentice No.

Signed

Raymond P. Williams

Licensed Embalmer No.

3424

P. O. Address

Leontine Mo.

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

If this body is not embalmed, fact should be so stated above.