No. 2
-4-41
17-39
X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILLED JUL 18 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

21350

State File No.

FILLED JUL 23 1941

Registration District No. 125 Primary Registration District No. 3409 Registrar's No.

1. PLACE OF DEATH:

(a) County Cape Girardeau

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

(c) Name of hospital or institution: St. Francis Hosp. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Sikeston 5 (If outside city or town limits, write "RURAL")

(d) Street No. 2 (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Josie Lee Hall

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Female 1

5. Color or race White

6. (a) Single, widowed, married, divorced 0

6. (b) Name of husband or wife

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

7. Birth date of deceased Oct. (Month) 10, (Day) 1941 (Year)

8. AGE: Years 3 Months 8 Days 4 If less than one day hr. min.

9. Birthplace Sikeston, Missouri (City, town, or county) 0 (State or foreign country)

10. Usual occupation Infant

11. Industry or business

FATHER
12. Name Robert Hall
13. Birthplace Illinois (City, town, or county) 1 (State or foreign country)

MOTHER
14. Maiden name Ottice Cooper
15. Birthplace Mississippi (City, town, or county) 1 (State or foreign country)

16. (a) Informant Ottice Hall

(b) Address Sikeston, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6/16/41 (Month) (Day) (Year)

(c) Place: burial or cremation McMullin, Mo.

18. (a) Signature of funeral director H. Welsh 121

(b) Address Sikeston, Mo.

19. (a) 7-3-41 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH. Month 6 day 14 P year 41 hour 7 minute 15 M.

21. I hereby certify that I attended the deceased from 6-12 1941 to 6-14 1941 that I last saw her alive on 6-14 1941 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Leo Celitis	
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? (Specify type of place)

While at work? (e) Means of injury

23. Signature [signature] (M. D. or other) MD

Address Cape Girardeau Mo Date signed 6/16/41

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No
District File Number 741 94
Date Filed 9-12-41

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

Signed H G Welch

Licensed Embalmer No. 774

P. O. Address Sikeston, Mo.

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

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