

No. 2  
4-13-40  
-17-39  
I X22159

FILED AUG 8 1941

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

24642

State File No. \_\_\_\_\_

Registration District No. 89

Primary Registration District No. 5131

Registrar's No. 293

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

1. PLACE OF DEATH:

(a) County: BUTLER

(b) City or town: RURAL Poplar Bluff  
(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: 2  
In this community: 119 years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Butler 012

(c) City or town: Rural 0  
(If outside city or town limits, write "RURAL")

(d) Street No.: 4 miles east of Poplar Bluff 0  
(If rural, give location)

(e) If foreign born, how long in U. S. A? 0 years.

3. (a) PRINT FULL NAME: THOMAS SAMUEL HALL

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No.: \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23  
year 1941 hour 9 minute 05 A. M.

4. Sex: M 5. Color or race: BLACK

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

6. (b) Name of husband or wife: \_\_\_\_\_

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

7. Birth date of deceased: January 17 1922  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 7-19- 1941 to 7-23 1941  
that I last saw him alive on 7-22- 1941  
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>19</u>	<u>6</u>	<u>7</u>	<u>26</u>
				hr. min.

Immediate cause of death: Pulmonary Tuberculosis

Due to: 47700

9. Birthplace: Butler Mo  
(City, town, or county) (State or foreign country)

10. Usual occupation: Farmer

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

Due to: \_\_\_\_\_

Other conditions: 10/10  
(Include pregnancy within 3 months of death)

MOTHER FATHER

12. Name: Joe Hall

13. Birthplace: Poplar Bluff Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name: Willie Lee Powell

15. Birthplace: Poplar Bluff Mo.  
(City, town, or county) (State or foreign country)

Physician: \_\_\_\_\_

Underline the cause to which death should be charged statistically.

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

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

16. (a) Informant: Willie Lee Powell

(b) Address: Poplar Bluff

17. (a) Burial (b) Date thereof: 7-27-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Monroe Cemetery

18. (a) Signature of funeral director: James M. ...

(b) Address: ...

19. (a) 7/26/41 (b) State Lutz  
(Date received local registrar) (Registrar's signature)

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: Stollery M.D. (M. D. or other) D  
Address: Poplar Bluff Mo Date signed: 7/26/41

RECEIVED

District Health Officer No. 2,

District File Number 841-996

Date Filed 8-6-41

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**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 Wallace N. Fitch

Licensed Embalmer No. 3859

P. O. Address Poplar Bluff

**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, fact should be so stated above.**