

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

25790

State File No. _____

FILED AUG 15 1941

Primary Registration District No. 6281

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Penicook

(b) City or town Holland - Rural Twp
(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 3-mo- years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Penicook

(c) City or town Holland - Rural
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? no (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary ~~Reuter~~ HALL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 19 year 1941 hour 7 minute 20 P.M.

4. Sex F 5. Color or race white

6. (a) Name of husband or wife Robert Hall 6. (b) Age of husband or wife if alive _____ years

7. Birth date of deceased Dec-5-1868
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from May 1 1941 to 20 of May, 1941, and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>14</u>	hr. _____ min. _____

Immediate cause of death Senility and weak head causing general edema

Due to _____

Due to _____

9. Birthplace Dockett Co - Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation at home

Other conditions 162P
(Include pregnancy within 3 months of death)

11. Industry or business _____

MOTHER FATHER { 12. Name George Reddish

13. Birthplace unknown
(City, town, or county) (State or foreign country)

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant J.A. Hall

(b) Address Holland, Mo-

17. (a) burial (b) Date thereof 6/20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Ch.

18. (a) Signature of funeral director Paul Salvo

(b) Address Penicook, Mo-

19. (a) 7-21-1941 (b) Tom Buzgamer
(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? _____

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

23. Signature Paul Salvo (M. D. or other)

Address Holland Mo Date signed _____

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

008

088 (Licensed Embalmer's Statement on Reverse Side)

6-20-41

8-41-23

04

9 cc

1

199

87

12

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.

Not Embalmed

Signed *Jan Salmon*

Licensed Embalmer No. *2556-*

P. O. Address *Farmville, Mo*

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.