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-39  
K23199

REG AUG 29 1941 26  
Registration District No.

Primary Registration District No. 3002

Registrar's No. 112

1. PLACE OF DEATH:  
 (a) County Andrain  
 (b) City or town Mexico  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
703 S. Trinity, Mexico Mo  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether  
 In this community 30 years  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Mo (b) County Andrain  
 (c) City or town Mexico  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 903 S. Trinity  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME. CALE B D. HALL

3. (b) If veteran, name war NO 3. (c) Social Security No. None

4. Sex Male 5. Color or race negro 6. (a) Single, widowed, married, divorced Widow  
 6. (b) Name of husband or wife Lottie Hall 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased Aug 25 1865  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>10</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

10. Usual occupation Labourer

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

12. Name Dont Know

13. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

14. Maiden name Dont Know

15. Birthplace Dont Know 9  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry B. Garfield

(b) Address 910 Trinity

17. (a) Mexico Mo (b) Date thereof July 9, 1941  
(Burial, or cremation) (Month) (Day) (Year)

(c) Place: burial or cremation Mexico Mo

18. (a) Signature of funeral director Blanche Neely

(b) Address 440 W Cooper St Dallas

19. (a) July 9-1941 (b) Blanche Neely  
(Date received local registrar) (Registrar's signature)

20. DATE OF DEATH: Month 7 day 2  
year 1941 hour 5 minute 30 P.M.

21. I hereby certify that I attended the deceased from 1-2-41  
7-2, 1941, to \_\_\_\_\_, 1941;  
 that I last saw him alive on 7-2, 1941;  
 and that death occurred on the date and hour stated above.

Immediate cause of death chronic myocarditis  
 Duration 7

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 \_\_\_\_\_  
 Signature H. J. Eaton (M. D. certifier) Ⓟ  
 Address Mexico, Mo Date signed 7-2-41

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 8-41-1549

Date Filed AUG 20 1941

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 Price Akande

Licensed Embalmer No. 3572

P. O. Address Sedalia 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.