

No. 2
1-4-41
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X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37556

DEC 22 1941

Registration District No. 399

Primary Registration District No. 1002

Registrar's No. 4351

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

1. PLACE OF DEATH:

(a) County Jackson

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

(c) Name of hospital or institution:
O Mercy Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 hrs
(Specify whether)

In this community 7 Hour
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County 80

(c) City or town Sedalia Mo 6
(If outside city or town limits, write "RURAL") 1

(d) Street No. 1
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Richard L. Hall

3. (b) If veteran, name war None

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 23
year 1941 hour 11 minute 18 P. M.

4. Sex Male 5. Color or race white

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

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

7. Birth date of deceased unk 1941
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from _____ 19____; that I last saw him alive on _____ 19____; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Deputy Coroner

8. AGE: Years _____ Months 11 Days _____ If less than one day _____ hr. _____ min.

Primary Bronchopneumonia
Relapsed

Due to _____

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation child

11. Industry or business _____

12. Name Raymond Hall

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

14. Maiden name Rose M. Crow

15. Birthplace Sedalia Mo
(City, town, or county), (State or foreign country)

16. (a) Informant Raymond Hall

(b) Address Sedalia Mo

17. (a) Removal (b) Date thereof Nov 24 41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sedalia Mo

18. (a) Signature of funeral director Bellepepp Funeral Home

(b) Address Sedalia Mo

19. (a) 11-24-41 (b) M. M. Crow
(Date received local registrar) (Registrar's signature)

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 _____

23. Signature Russell Jensen (M. D. or other) _____

Address _____ Date signed _____

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 Park Rowe

Licensed Embalmer No. 2347

P. O. Address K C 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.