

No. 2
-4-41
17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

38387

FILLED DEC 8 1941

State File No. _____

Registration District No. 334

Primary Registration District No. 4197

Registrar's No. 73

1. PLACE OF DEATH:

(a) County HARRISON

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

(c) Name of hospital or institution: BETHANY HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether in this community _____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County HARRISON

(c) City or town BETHANY, Mo.
(If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATTIE HALL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 5
year 41 hour 4 minute 45 p. M.

21. I hereby certify that I attended the deceased from October 14, 1941 to November 5, 1941;
that I last saw her alive on November 5, 1941;
and that death occurred on the date and hour stated above.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced MARRIED

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

7. Birth date of deceased: 12 24 1880
(Month) (Day) (Year)

Immediate cause of death Lobar Pneumonia Duration 5 days

Due to Chronic Hypertension - 2 yrs.

Due to _____

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

8. AGE: Years Months Days If less than one day

60 10 11 hr. min.

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

10. Usual occupation _____

11. Industry or business _____

12. Name ANDREW COX

13. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

14. Maiden name SARAH YODERS

15. Birthplace DO NOT KNOW 9
(City, town, or county) (State or foreign country)

16. (a) Informant Tarland Hall

(b) Address Hamilton, Mo.

17. (a) BURIAL (b) Date thereof 11/9/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MIRIAM CEMETERY

18. (a) Signature of funeral director L. W. Hays

(b) Address Bethany, Mo.

19. (a) 11/10/1941 (b) J. M. Burrows
(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 h

23. Signature J. M. Burrows (M. D. or other) _____
Address Bethany, Mo. Date signed 11/6/41

(Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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..... *J. H. Hays*

Licensed Embalmer No. *2861*

P. O. Address..... *Bethany, 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.