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FILED DEC 4 1941

Registration District No. 8, 15

Primary Registration District No. 6065

Registrar's No. 17

1. PLACE OF DEATH:

(a) County Scott *Kelso Twp*

(b) City or town Chaffee Mo. R. F. D. #1

(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 24 yrs. (Specify whether years, months or days)

3. (a) PRINT FULL NAME Vina J. Hall

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

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Rank Hall 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Nov. 18 1875
(Month) (Day) (Year)

8. AGE: Years 66 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace No record-North Carolina | Housework
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name William burton

13. Birthplace no record-North Carolina |
(City, town, or county) (State or foreign country)

14. Maiden name Tempas Jane Sisle

15. Birthplace no record-North Carolina |
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Louise Hummel

(b) Address Grishman Missouri

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

(c) Place: burial or cremation Union Park Cem.

18. (a) Signature of funeral director [Signature] Chaffee Mo.

(b) Address 113 W. Yoakum

19. (a) 11/17/41 (b) W. O. Finney
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Scott 100

(c) City or town Chaffee Missouri, Kelso Twp.
(If outside city or town limits, write "RURAL")

(d) Street No. R. F. D. #1 (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 16
year 1941 hour 6 minute a M.

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

Immediate cause of death Acute Myocarditis Duration _____
Sudden Death

Due to Natural causes

Due to No Medical Attendance

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

Major findings: Coroners Certificate PHYSICIAN _____
Of operations _____

Of autopsy 9301 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) (M.F.S. or other)

23. Signature [Signature] Address Chaffee Mo Date signed 11/16/41

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

MOTHER FATHER

RECEIVED

District Health Office No. 2,

District File Number BH-1597

Date Filed 12-3-41

DEC 31 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.....

Body not embalmed

....., Registered Apprentice No.

working under my personal supervision.

Signed.....

Licensed Embalmer No.

P. O. Address.....

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.