

FILED JUN 18 1942

Primary Registration District No. 5025

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Atchison

(b) City or town (near) Rock Port, Mo
(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 7 3 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Atchison

(c) City or town Rural near Rock Port
(If outside city or town limits, write "RURAL")

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

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

3. (a) PRINT FULL NAME Mary Margaret Hall

3. (b) If veteran, name war _____

3. (c) Social Security No. none

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 8 year 1942 hour 11:10 minute _____ A. M.

4. Sex female 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 Dec (Month) 19 (Day) 1868 (Year)

21. I hereby certify that I attended the deceased from Jan. 10, 1942 to May 8, 1942 that I last saw her alive on May 7, 1942 and that death occurred on the date and hour stated above.

8. AGE: Years 73 Months 4 Days 19 If less than one day _____ hr. _____ min.

Immediate cause of death Brain hemorrhage

9. Birthplace Atchison Co Missouri
(City, town, or county) (State or foreign country)

Due to hypertension

Due to Organic heart disease

10. Usual occupation house wife

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

11. Industry or business at home

12. Name Justus Hall

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

14. Maiden name Ursula Prieder

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

Major findings: Of operations _____

Of autopsy None

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant Elizabeth A. Brown

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? _____

(b) Address Rock Port, Missouri

17. (a) London (b) Date thereof May 10, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation London Cemetery

18. (a) Signature of funeral director Walter Hanson

(b) Address Hannover, Mo

19. (a) May 9, 1942 (b) Edwin J. Gray
(Date received by registrar) (Registrar's signature)

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While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature J. A. Gray (M. D. or other) _____

Address Watson, Mo Date signed 5/9/42

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

3
6
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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 me
....., Registered Apprentice No. 2839
working under my personal supervision.

Signed Oral C. Johnson
Licensed Embalmer No. 2839
P. O. Address Hamburg Iowa

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.