

No. 2
4-7-42

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17683

State File No. _____

FILED JUN 5 1942
Registration District No. 1347

Primary Registration District No. 4077

Registrar's No. 15

1. PLACE OF DEATH:

(a) County Carroll

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

(c) Name of hospital or institution: no. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution no. (Specify whether
In this community 72 years. (Specify whether
years, months or days)

3. (a) PRINT FULL NAME George Henry Hall

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Nina Hall 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased February 23 1867
(Month) (Day) (Year)

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

75 2 22 hr. min.

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

10. Usual occupation Ret. Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name David Hall

13. Birthplace Don't know (City, town, or county) (State or foreign country)

14. Maiden name no.

15. Birthplace Don't know (City, town, or county) (State or foreign country)

16. (a) Informant Mrs Nina Hall

(b) Address Hale no.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof no. (Month) (Day) (Year)

(c) Place: burial or cremation Coloma

18. (a) Signature of funeral director E. A. Dickerson

(b) Address Regard, Mo

19. (a) May 18-42 (Date registered local registrar) (b) Mrs EDGAR SMITH (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 17

(a) State _____ (b) County 6

(c) City or town _____ (If outside city or town limits, write "RURAL.") 0

(d) Street No. _____ (If rural, give location) 0

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15th year 1942 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from May 14th 1942 to May 15th 1942 that I last saw him alive on May 15th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Cancer ✓

Due to _____

Due to _____

Other conditions Valvular Heart
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: _____

Of operations _____

Of autopsy _____

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 John H. Peterson (M. D. _____)

Address Hale Date signed 5/15/42

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

RECEIVED

District Health Officer No. 8,

District File Number.....

Date Filed 6-4-43

100

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 E. A. DeKerker

Licensed Embalmer No. 2534

P. O. Address Boyard Ma

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17683

Registration District No. 137

Primary Registration District No. 4077

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Carroll
(b) City or town Hale
(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. _____ (Specify whether

In this community _____
years, months or days)

3. (a) PRINT FULL NAME George H. Hall

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

4. Sex m 5. Color or race w 6. (a) Single, widowed, married, divorced m

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

7. Birth date of deceased Feb. 2 3186
(Month) (Day) (Year)

8. AGE: Years 75 Months 2 Days _____ If less than one day _____ min.

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

10. Usual occupation _____

11. Industry of business _____

12. Name _____

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

14. Maiden name _____ (State or foreign country)

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) _____ (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Carroll

(c) City or town Hale
(If outside city or town limits, write "RURAL")

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

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May Day _____
year 1942 hour _____ minute _____ M.

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 _____

Cancer

Due to left side of face in the

Due to left orbit.

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

Major findings:
Of operations _____

Of autopsy _____

Duration _____

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? _____

(Specify type of place)
While at work _____ (e) Means of injury _____

23. Signature Wm H. Johnson (M. D. or other) _____

Address Hale Mo Date signed 7/10/42

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

SUPPLEMENTARY

