

FILED MAY 27 1942

Registration District No. 604

Primary Registration District No. 5802

Registrar's No. 41

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

1. PLACE OF DEATH:

(a) County New Madrid
(b) City or town New Madrid Sup.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: No
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution No
In this community about 3 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County New Madrid
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. 8 Miles N. W. of New Madrid
(If rural, give location)
(e) If foreign born, how long in U. S. A? 8 years.

3. (a) PRINT FULL NAME ROBERT HALL, JR.

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

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

6. (b) Name of husband or wife Emma Hall 6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased FEL 20 - 1910
(Month) (Day) (Year)

8. AGE: Years 32 Months 1 Days 13 If less than one day hr. min.

9. Birthplace Lithopolis Tenn!
(City, town, or county) (State or foreign country)

10. Usual occupation Farming, work

11. Industry or business _____

MOTHER FATHER

12. Name Robert Hall
13. Birthplace Tenn!
14. Maiden name Emma Powell
15. Birthplace Tenn!

16. (a) Informant Emma Hall

(b) Address New Madrid, Mo.
17. (a) Rural (b) Date thereof 4-5-42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Community

18. (a) Signature of funeral director Richard J. Co
(b) Address New Madrid, Mo.

19. (a) 4/11/42 (b) Alice Spittler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April, day 3
year 1942 hour 2:30 minute 7 A.M.

21. I hereby certify that I attended the deceased from 4
_____ 19____ to _____ 19____;
that I last saw him alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death Picked by mule on right side accident
Due to while on farm
Due to Internal Hemorrhage

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

Major findings: Of operations ✓
Of autopsy No

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) accident
(b) Date of occurrence April 3 - 1942 072
(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? Farm

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

23. Signature Leo Hedgcock (M.D. or other)
Address New Madrid, Mo. Date signed 4/11/42

Duration
PHYSICIAN
Underlines the cause to which death should be charged statistically.

RECEIVED
District Health Office No. 2
District File Number 5-42-562
Date Filed 5-12-42

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 Leo Hedges

Licensed Embalmer No. 3803

P. O. Address New Madrid, 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, above space should be left blank.