

FILED JUL 6 1942

Registration District No. 408

Primary Registration District No. 3020

Registrar's No. 125

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Carthage

(c) Name of hospital or institution 502 St. Garrison

(d) Length of stay: In hospital or institution One Year

In this community One Year

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Carthage

(d) Street No. 502 St. Garrison

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

3. (a) PRINT FULL NAME MARTHA ALICE HALL

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Wesley Hall

6. (c) Age of husband or wife if alive 5 years

7. Birth date of deceased December 5 1864

8. AGE: 79 Years

Months 6

Days 9

If less than one day hr. min.

9. Birthplace Bates County Mo

10. Usual occupation At Home

11. Industry or business None

12. Name John A. Dillon

13. Birthplace Illinois

14. Maiden name Mary Bealy

15. Birthplace Missouri

16. (a) Informant Miss Edna Dillon

(b) Address 507 Garrison Ave Carthage Mo

17. (a) Burial (b) Date thereof June 16 1942

(c) Place: burial or cremation Butler Mo

18. (a) Signature of funeral director Snell Mortuary

(b) Address Carthage, Mo

19. (a) June 14 1942 (b) Elizabeth Couplin

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14

year 1942 hour 1 minute 15 p. M.

21. I hereby certify that I attended the deceased from June 11 1942 to June 14 1942

that I last saw him alive on June 14 1942

and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion

Due to

Due to

Other conditions 94a

(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 Charles H. Labell Jr. (M. D. or other) M.D.

Address Carthage, Mo Date signed 6/14/42

Duration 3 days?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

219
1
3

1203

JUL 6 - 1942

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..... *Emm L. Knell*

Licensed Embalmer No..... *391*

P. O. Address..... *Quincy*

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.