

No. 2
4-13-40
5-17-39
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25093

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED AUG 17 1942

Registration District No. 125

Primary Registration District No. 3034

Registrar's No. 130

1. PLACE OF DEATH:

(a) County Dandolph
(b) City or town Moberly
(c) Name of hospital or institution: Moberly Hospital
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Chariton
(c) City or town Dalton
(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.? 1 years.

3. (a) PRINT FULL NAME Emmett Hall

3. (b) If veteran, name war 3. (c) Social Security No. 700-16-0437

4. Sex Male 5. Color or race Black
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Gloria Ann
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec 23rd 1914
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
27 6 21 hr. min.

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

10. Usual occupation laborer

11. Industry or business Wabaker RR

MOTHER FATHER
12. Name Pete Hall
13. Birthplace mo O
(City, town, or county) (State or foreign country)
14. Maiden name Evelyn Basey
15. Birthplace mo O
(City, town, or county) (State or foreign country)

16. (a) Informant Pete Hall
(b) Address Dalton, mo

17. (a) Burial (b) Date thereof July 17, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Dalton mo

18. (a) Signature of funeral director Hyde + Barnett
(b) Address Dalton, mo

19. (a) 7-17-42 (b) Irma Nave
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14th
year 1942 hour 2pm minute _____ M.

21. I hereby certify that I attended the deceased from _____
None 19____
that I last saw h. _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death stabbed to death Duration
fatal stab wound punctured
Rt lung torn great vessel

Due to 7 ft
Home
Due to Coroner Case

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

Major findings: _____
Of operations _____
Of autopsy _____

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) Homicide
(b) Date of occurrence 7-14-42
(c) Where did injury occur? Moberly, Randolph mo
(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)
(c) Means of injury Coroner
23. Signature H.C. Griffiths (M. D. or other)
Address Moberly mo Date signed 7/14/42

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

SEP 16 1942

DEC 9 1942

RECEIVED

District Health Officer No. 10

District File Number

8-42-~~XXXX~~-1613

Date Filed

AUG 14 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

H. D. Garnett

Licensed Embalmer No.

3046

P. O. Address

Keturville 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, fact should be so stated above.