

FILED AUG 27 1942

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26550

State File No.

Registration District No.

Primary Registration District No. 3000

Registrar's No. 219

1. PLACE OF DEATH:

(a) County Adair  
(b) City or town Marksville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution; Langhlin Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 18 days  
(Specify whether

In this community  
years, months or days)

3. (a) PRINT FULL NAME Miss LOUISE HALL

3. (b) If veteran, name war no 3. (c) Social Security No. none

4. Sex Female 5. Color or race white 6. (a) Single, widowed, married, divorced Single  
6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased 8 14 1915  
(Month) (Day) (Year)

8. AGE: Years 26 Months 11 Days 29 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Elementary teacher

11. Industry or business

12. Name Harry Hall  
13. Birthplace Schuyler Mo.  
(City, town or county) (State or foreign country)  
14. Maiden name Hazel Jones  
15. Birthplace Schuyler Mo.  
(City, town or county) (State or foreign country)

16. (a) Informant Charles Wirth  
(b) Address Lancaster, Missouri

17. (a) Burial (b) Date thereof 8/15/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation I. O. O. F. Cemetery

18. (a) Signature of funeral director P. O. Fenton

(b) Address Lancaster, Missouri

19. (a) 8/13/42 (b) Mrs. J. Wayne  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuyler  
(c) City or town Lancaster  
(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 Aug day 13  
year 1942 hour 1 minute 43 P.

21. I hereby certify that I attended the deceased from July 26, 1942 to Aug 13, 1942  
that I last saw her alive on Aug 13, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death

Peritonitis  
Due to Cholecystomy with stones in gall bladder & in common bile duct.

Other conditions (Include pregnancy within 3 months of death) 126

Major findings: Cholecystomy - 2 stones in g-b & 2 stones in common bile duct

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Carl Langhlin (M.D. or other) DO  
Address Lancaster, Mo. Date signed 8-13-42

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

33

98  
0  
0

MOTHER FATHER

1049

AUG 31 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

*P. O. Fenton*

Registered Apprentice No. *3705*

working under my personal supervision.

Signed *P. O. Fenton*

Licensed Embalmer No. *3705*

P. O. Address *Lancaster, 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.