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

REC'D OCT 10 1942

Registration District No. 358

Primary Registration District No. 6215

State File No.

Registrar's No. 5

1. PLACE OF DEATH:

(a) County Dates Vernon
(b) City or town Rich Hill RURAL Osage
(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
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Bates Vernon
(c) City or town Rich Hill RURAL
(d) Street No.
(e) Citizen of foreign country? NO

3. (a) PRINT FULL NAME Marion F. Hall

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Ida Hall 6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Nov 14 1875

8. AGE: Years 66 Months 10 Days 2 If less than one day hr. min.

9. Birthplace Missouri

10. Usual occupation Farmer

11. Industry or business

12. Name Davis Hall

13. Birthplace Unknown

14. Maiden name Arvilla Hancock

15. Birthplace Ill

16. (a) Informant Ida Hall

(b) Address Rich Hill Mo R.R. 2

17. (a) Burial (b) Date thereof Sept 20-42

(c) Place: burial or cremation Double Branches

18. (a) Signature of funeral director Pond and Reavley

(b) Address Rich Hill Mo.

19. (a) 9-22-42 (b) Ruby Turner

MEDICAL CERTIFICATION

20. DATE OF DEATH Month Sept day 16 year 1942 hour 5 minute 0 M.

21. I hereby certify that I attended the deceased from March 21 to Sept 16 that I last saw him alive on Sept 16 and that death occurred on the date and hour stated above.

Immediate cause of death Hypertension
Double hemorrhage
Hypostatic pneumonia

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 820 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?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

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

23. Signature Ruby Turner (M. D. 10/16/42) Address Rich Hill Mo Date signed 10/16/42

1232 (Licensed Embalmer's Statement on Reverse Side)

NOV 2 1942

RECEIVED

District Health Officer No. 7,

District File Number 10-42-1044

Date Filed 10-5-42

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 ME

....., Registered Apprentice No.....
working under my personal supervision.

Signed J. Hudson Reawley

Licensed Embalmer No. 2730

P. O. Address Rich Hill 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.