

FILED FEB 15 1943

Registration District No. 43 Primary Registration District No. 2007

1. PLACE OF DEATH:

(a) County BUTLER

(b) City or town POPLAR BLUFF
(If outside city or town limits, write "RURAL" and name of township)

(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 _____ (Specify whether _____)

In this community 30 YEARS
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County BUTLER ¹²

(c) City or town POPLAR BLUFF ⁷
(If outside city or town limits, write "RURAL") ³

(d) Street No. 237 SPRUCE
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME THOMAS JACKSON HALL

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

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

6. (b) Name of husband or wife LILLIE HALL 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased AUG 10 1880
(Month) (Day) (Year)

8. AGE: Years 62 Months 5 Days 20 If less than one day _____ hr. _____ min.

9. Birthplace SHALBY CO ILL
(City, town, or county) (State or foreign country)

10. Usual occupation LABORER

11. Industry or business _____

MOTHER FATHER { 12. Name W. MORGAN HALL

{ 13. Birthplace SHALBY CO ILL
(City, town, or county) (State or foreign country)

{ 14. Maiden name NANCY SILENCE

{ 15. Birthplace ILL
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Lillie Hall

(b) Address 237 Spruce St Poplar Bluff Mo

17. (a) _____ (b) Date thereof _____
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CITY CEM

18. (a) Signature of funeral director A. D. Phelps

(b) Address Poplar Bluff Mo

19. (a) 2-1-43 (b) Belle Stinson
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month JAN day 30
year 1943 hour 6 minute 20 A.M.

21. I hereby certify that I attended the deceased from Jan 24 1943 to Jan 29 1943
that I last saw him alive on Jan 29 1943
and that death occurred on the date and hour stated above.

Immediate cause of death apoplexy ^{12 hours}

Due to _____

Due to _____

Other conditions Chronic Bronchitis ^{1 year}
(Include pregnancy within 3 months of death)

Major findings: 430

Of operations _____

Of autopsy _____

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 Adelbert Plow (M. D. or other) _____

Address Poplar Bluff Mo Date signed 2-1-43

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

RECEIVED

District Health Office No. 2,

District File Number 243-191

Date Filed 2-8-43

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 W. P. Phelps

Licensed Embalmer No. 3231

P. O. Address Peperan Bluffs

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.