

State File No.

Registrar's No.

Registration District No. 99

Primary Registration District No. 4170

1. PLACE OF DEATH:

(a) County Wekalb
(b) City or town Union Star Mo.
(c) Name of hospital or institution: 1
(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 Mo (b) County Wekalb
(c) City or town Union Star, Mo.
(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 0

3. (a) PRINT FULL NAME

JOHN HENRY HALL

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married 1 divorced Married
6. (b) Name of husband or wife Anna Hall 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased May 12, 1856
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
86 8 6 hr. min.

9. Birthplace Clarksdale Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business.....

MOTHER FATHER { 12. Name William Hall
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Martina Butler
15. Birthplace Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Lawell W. Hall

(b) Address Union Star, Mo

17. (a) Burial (b) Date thereof Jan. 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Union Star Mo.

18. (a) Signature of funeral director Lucas M. Wilson

(b) Address King City, Mo

19. (a) 1-23-43 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 18
year 1943 hour 9 minute 0 A. M.
21. I hereby certify that I attended the deceased from Jan 17 1943 to Jan 18 1943

that I last saw him live on Jan 18 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Old age
70 yrs old
coronaries

Due to.....
Due to.....
Other conditions 938
(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).....
(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)
(c) Means of injury.....
23. Signature E. M. Reynolds (M. D. or other)
Address Union Star Mo Date signed 1-20-43

32, 00
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD.

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 *Lucile M. Wilson*
Licensed Embalmer No. *2830*
P. O. Address. *King City, 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.