

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED JAN 23 1943

Registration District No. 396149

Primary Registration District No. 555-2-5570

Registrar's No.

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

1. PLACE OF DEATH: Jackson

(a) County: Jackson

(b) City or town: Levasy (Rural) ~~near Cooper, Mo.~~
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: His own home /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: _____ (Specify whether)

In this community 80 yrs (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED: 48

(a) State: Missouri (b) County: Jackson 0

(c) City or town: Levasy
(If outside city or town limits, write "RURAL")

(d) Street No.: R.R.No.1.
(If rural, give location)

(e) If foreign born, how long in U. S. A.: no 0 years.

3. (a) PRINT FULL NAME: Thomas Jefferson Hall

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

3. (c) Social Security No.: _____

4. Sex: Male

5. Color or race: wh

6. (a) Single, widowed, married, divorced: W 2

6. (b) Name of husband or wife: _____

6. (c) Age of husband or wife if alive: _____ years

7. Birth date of deceased: May 15 1856
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	86	7	6	hr. min.

9. Birthplace: X Tenn
(City, town, or county) (State or foreign country)

10. Usual occupation: Farming
same

11. Industry or business: _____

MOTHER FATHER { 12. Name: Mr. (X) Hall

13. Birthplace: not known 9
(City, town, or county) (State or foreign country)

14. Maiden name: Mrs. (X) (X) Hall

15. Birthplace: not known 9
(City, town, or county) (State or foreign country)

16. (a) Informant: Mr. Thomas E. Hall

(b) Address: Buckner Missouri

17. (a) Burial, cremation, or removal: Burial

(b) Date thereof: 12. 26/42
(Month) (Day) (Year)

(c) Place: burial or cremation: Buckner Hill Cemetery

18. (a) Signature of funeral director: W.M. Reppert

(b) Address: Buckner Mo

19. (a) 12/22/42 (b) W.M. Reppert
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 21
year 1942 hour 6 minute 00 A/M.

21. I hereby certify that I attended the deceased from Jan 4
1942 to Dec. 21 1942
that I last saw him alive on Dec. 18 1942
and that death occurred on the date and hour stated above.

Immediate cause of death: Arterio-sclerosis and mitral insufficiency

Due to: _____

Due to: _____

Other conditions: (Include pregnancy within 3 months of death) 92 1/2

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) _____

(g) Means of injury: _____

23. Signature: R.B. Watts (M. D. or other)

Address: Wellington Mo Date signed: 12-21-1942

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 me

[Signature]
working under my personal supervision.

Registered Apprentice No. [Signature]

Signed [Signature]

Licensed Embalmer No. 2321

P. O. Address Buckner, 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.