

S. No. 2
9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

7882

State File No. _____

FILED MAR 10 1943
348

Registration District No. 348

Primary Registration District No. 6162

Registrar's No. 2

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

1. PLACE OF DEATH

(a) County Stone

(b) City or town Reeds Spring Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Reeds Springs
(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 Stone 104

(c) City or town Reeds Spring 0
(If outside city or town limits, write "RURAL")

(d) Street No. _____
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 1

3. (a) PRINT FULL NAME ELBERT J. HALL

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 17
year 1942 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Unknown 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: June 8 1857
(Month) (Day) (Year)

that I last saw h _____ alive on _____, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death _____

8. AGE: Years 85 Months 5 Days 9 If less than one day _____ hr. _____ min.

9. Birthplace: Madison Co Ark 1
(City, town, or county) (State or foreign country)

10. Usual occupation Minister

Due to No Attending
Physicians ✓

Due to _____

Other conditions (Include pregnancy within 2 months of death) _____

MOTHER FATHER

11. Industry or business _____

12. Name Pleasant J. Hall

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Martha J. Hall

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

Major findings: Of operations _____

Of autopsy 200 ✓

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

16. (a) Informant A. G. Hall

(b) Address Shayer Mo

17. (a) Burial (b) Date thereof 11 20 42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Rock House Cemetery

18. (a) Signature of funeral director Nelson Funeral Home

(b) Address Berryville Ark

19. (a) Feb 6, 1943 (b) Reyes Arnold
(Date received local registrar) (Registrar's signature)

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 _____ (M. D. or other) _____

Address _____ Date signed _____

1282

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 6,

District File Number 343-334

Date Filed MAR 6 1943

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.....

Licensed Embalmer No.....

P. O. Address.....

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.