S. No. 2
M—5-42
v. 5-17-39
X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED APR 15 1943

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 10960

Registration District No. 245 | Primary Registration District No. 58373047 | Registrar's No. 20

1. PLACE OF DEATH:
(a) County: Newton
(b) City or town: Neosho, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Neosho, Missouri
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ____ (Specify whether years, months or days)
In this community: 8 months

2. USUAL RESIDENCE OF DECEASED:
(a) State: Texas (b) County: Unknown
(c) City or town: Dallas
(If outside city or town limits, write "RURAL")
(d) Street No.: 1605 N. Peak Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: - -

3. (a) PRINT FULL NAME: Clarence L. 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: Mrs. Jessie I. Hall
6. (c) Age of husband or wife if alive: - - years
7. Birth date of deceased: September 15, 1905 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
37	5	18	____ hr. ____ min.

9. Birthplace: McKenney, Texas (City, town, or county) (State or foreign country)
10. Usual occupation: Soldier
11. Industry or business: United States Army

MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Mrs. Martha E Hall
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant: Soldier's Service Record
(b) Address: Camp Crowder, Mo.
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof: March 6, 1943 (Month) (Day) (Year)
(c) Place: burial or cremation: Dallas, Texas
18. (a) Signature of funeral director: Knell Mortuary
(b) Address: Carthage, Missouri
19. (a) 3-6-1943 (Date received local registrar) (b) Corby Thompson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 6th year: 1943 hour: 3 minute: A M.
21. I hereby certify that I attended the deceased from ____, 19____, to ____, 19____; that I last saw h____ alive on ____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: Concussion, cerebral shock, traumatic.
Due to: Ruptured kidney, bilateral.
Due to: Ruptured spleen, left. Hemathorax, fractured ribs. multiple.
Train accident
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: 169-6
Of autopsy: See above 30

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): 028
(b) Date of occurrence: March 6, 1943
(c) Where did injury occur? Neosho, Missouri (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place (Specify type of place)
While at work? (e) Means of injury: 6
23. Signature: [signature] (M. D. or other)
Address: Station Hospital, Camp Crowder, Missouri Date signed: 3/6/43

(Licensed Embalmer's Statement on Reverse Side)

1110

Date Received APR 5 1943
File No. 343-35

JUL 2

APR 10 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 John D. Batchelder

Licensed Embalmer No. 4153

P. O. Address Carthage 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.