

1. PLACE OF DEATH:

(a) County Butler
(b) City or town Near Hendrickson - Black River
(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 _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2611 Pennsylvania
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Otto 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 Dorothea Hall 6. (c) Age of husband or wife if alive 40 years

7. Birth date of deceased December 1, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 5 3 hr. _____ min.

9. Birthplace McLeansboro, Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Railway Conductor

11. Industry or business Missouri Pacific

MOTHER FATHER { 12. Name M. L. Hall
13. Birthplace McLeansboro, Illinois
(City, town, or county) (State or foreign country)
14. Maiden name Rose Ann Greene
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Dorthea Hall

(b) Address 2611 Pennsylvania, St. Louis, Mo.

17. (a) Removal (b) Date thereof May 6, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Ridge, Arkansas

18. (a) Signature of funeral director Greer Croy Funeral Serv.

(b) Address Poplar Bluff, Missouri

19. (a) 5-6-43 (b) Belle Hume
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 4
year 1943 hour 2:20 minute _____ P.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 fractured skull
both parietal and occipital

Due to fall from moving train

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence May 4, 1943

(c) Where did injury occur? Mo. Pac. Ry. 1/2 mi. N. Hendrickson
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Missouri Pacific Railway Right-of-way

White at work? Yes (Specify type of place)
(e) Means of injury Butler County

23. Signature Alfred McGee (M. D. or other) Coroner

Address Poplar Bluff, Missouri Date signed 5-6-43

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

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

MAY 18 1943

RECEIVED

District Health Office No. 2,

District File Number 543-697

Date Filed 5-12-43

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.....

L. V. Adamson

Registered Apprentice No. 349

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3474

P. O. Address Poplar Bluff, Missouri

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.