DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JUN 12 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 18258

Registration District No. 383 Primary Registration District No. 5653 Registrar's No. 91

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

1. PLACE OF DEATH:

(a) County: Lawrence

(b) City or town: Mount Vernon
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Missouri State Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 988 days (Specify whether years, months or days)
In this community 988 days

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Nolt

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

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

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

3. (a) PRINT FULL NAME: Olin Joseph Hall

3. (b) If veteran, name war: no

3. (c) Social Security No. 385-01-1228

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Jean Hammett

6. (c) Age of husband or wife if alive: 24 years

7. Birth date of deceased: Aug. (Month) 29 (Day) 1906 (Year)

8. AGE: Years 36 Months 8 Days 10 If less than one day hr. min.

9. Birthplace: Ava (City, town, or county) Missouri (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: Clarks Truck Tractor Co.

FATHER
12. Name: James J. Hall
13. Birthplace: Ava (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name: Merry A. Unknown
15. Birthplace: Unknown (City, town, or county) Kansas (State or foreign country)

16. (a) Informant: E. McMichael, Record Clerk
(b) Address: Mo. State Sani. Mount Vernon

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour 9 minute 29 P. M.

21. I hereby certify that I attended the deceased from August 24, 1940, to May 9, 1943 that I last saw him alive on May 9, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Pulmonary Tuberculosis	over 3 yrs.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death): Broncho-pleural fistula	3 wks.

Major findings:
Of operations
Of autopsy: No

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) (e) Means of injury

23. Signature: J. B. Stokes, (M. D. or other)
Address: Mt. Vernon, Mo. Date signed 3/9/43

(Licensed Embalmer's Statement on Reverse Side)

JUN 21 1958

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. N B Sutherson

Licensed Embalmer No. 3481

P. O. Address. Cosa 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.

V. S. No. 2B
10M—8-21-41
I X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. June Cr.

Registration District No. 383 Primary Registration District No. 5653 Registrar's No. 91

SUPPLEMENTARY

1. PLACE OF DEATH

(a) County Lawrence

(b) City or town Mount Vernon (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Mo. State Sanatorium (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 988 days. (Specify whether years, months or days)

In this community 988 days.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Holt

(c) City or town Craig. (If outside city or town limits, write "RURAL")

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

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Olin Joseph 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, divorced M

6. (b) Name of husband or wife Tess

6. (c) Age of husband or wife if alive 24 years

7. Birth date of deceased Aug. (Month) 29 (Day) 1906 (Year)

8. AGE: Years 36 Months 8 Days 10 If less than one day ... min.

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

10. Usual occupation Farmer

11. Industry or business

MOTHER FATHER

12. Name James G Hall

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

14. Maiden name Mary a Cunk

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

16. (a) Informant E. McMichael, Record. Clerk Mo. State San., Mt. Vernon, Missouri

(b) Address Mt. Vernon, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5-12-43 (Month) (Day) (Year)

(c) Place: burial or cremation Huffman

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

(b) Address Ava, Missouri

19. (a) 6-10-43 (Date received local registrar) (b) Andy Crawford (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1943 hour minute 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 Pulmonary tuberculosis

Due to

Due to

Other conditions Bronchopleural fistula (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy No.

Duration: over 3 yrs. 3 wks

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)

(b) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature (M. D. or other)

Address Date signed

5-18258