

FILED SEP 13 1943

Registration District No. **251**

Primary Registration District No. **3048**

Registrar's No. **132**

1. PLACE OF DEATH:

(a) County **Nodaway**
(b) City or town **Maryville**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Frances Hospital
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **4 Days**
In this community **4 Days** (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME **Earl Curtis 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 **Single**

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

7. Birth date of deceased **October 31 1907**
(Month) (Day) (Year)

8. AGE: Years **35** Months **9** Days **19**
If less than one day _____ hr. _____ min.

9. Birthplace **Craig Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business **John E Hall**

MOTHER FATHER

12. Name _____
13. Birthplace **Atchison Co. Missouri**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma**
15. Birthplace **Atchison Co. Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Etta Robinson**

(b) Address **Oregon, Mo.**

17. (a) **burial** (Burial, cremation, or removal) (b) Date thereof **Aug. 20, 1943**
(Month) (Day) (Year)

(c) Place: burial or cremation **Mound City, Mo.**

18. (a) Signature of funeral director **James H. Pettigrew**

(b) Address **Oregon, Mo.**

19. (a) **8-23-43** (Date received local registrar) (b) **Annie Barber** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **19** year **1943** hour **7:30** minute **0** A.M.

21. I hereby certify that I attended the deceased from _____, 19____ to **August 19 43**

that I last saw him alive on **Aug. 18 1943** and that death occurred on the date and hour stated above.

Immediate cause of death **Failure of Circulatory and General Peritonitis following a Ruptured Abdominal Ulcer**
Due to _____
Due to _____

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

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) (c) Means of injury _____

23. Signature **Chas. F. Bee** (M. D. or other) Address **Maryville Mo** Date signed **8/19/43**

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

4
1
2

1549

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 James R. Pettigah
Licensed Embalmer No. 3192
P. O. Address Oregon 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.