

3-42
17-39

FILED NOV 5 1943 23

State File No.

Registration District No.

Primary Registration District No. ~~273~~ 5795

Registrar's No. 4

1. PLACE OF DEATH:

(a) County Monticau

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

(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 50 year (Specify whether years, months or days)

In this community 50 year

3. (a) PRINT FULL NAME James Buchanan Hall

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

3. (c) Social Security No.

4. Sex Male 5. Color or race W

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

6. (b) Name of husband or wife Alice Hall

6. (c) Age of husband or wife if alive, years 1

7. Birth date of deceased Nov 1 1856
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation Farmer

11. Industry or business

12. Name Morris B. Hall

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

14. Maiden name Lucinda Jones

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

16. (a) Informant Rosa Lykes

(b) Address California MO

17. (a) Burial (b) Date thereof 10/8/1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Latham Cemetery

18. (a) Signature of funeral director Willeard Fredrick

(b) Address California MO

19. (a) 10-8-43 (b) Mrs H. J. Sullivan
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Monticau

(c) City or town Rural
(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: 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 7
year 1943 hour 2 minute A.M.

21. I hereby certify that I attended the deceased from August
1943, to Oct 7, 1943
that I last saw him alive on Oct 1, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis 3 years
Generalized arteriosclerosis 20 yrs.

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 930

Major findings: Of operations

Of autopsy

Duration

3 years

20 yrs.

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 Keiyon Latham (M. D. or other) 0
Address California, MO Date signed 10-10-43

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

MOTHER FATHER

869

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.....

HE Friedmayer

Licensed Embalmer No.

2854

P. O. Address.....

California M.

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.

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 200
Registrar's No. 11

Registration District No. 223 Primary Registration District No. 5195

1. PLACE OF DEATH:
(a) County Moniteau
(b) City or town West Groveton Rural
(If outside city or town limits, write "RURAL" and name of township)
(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 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Moniteau
(c) City or town Rural
(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 James Buchan Hall
3. (b) If veteran name war
3. (c) Social Security No. 0

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Alice Hall 6. (c) Age of husband or wife if alive years
7. Birth date of deceased Nov 1 1883
(Month) (Day) (Year)

8. AGE: Years 87 Months 11 Days 10 (If less than one day, in min.)

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

10. Usual occupation Farmer

11. Industry or business
12. Name Marrie Ball
13. Birthplace Kentucky
(City, town, or county) (State or foreign country)
14. Maiden name Lucinda Jones
15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Rose Tyler
(b) Address California MO.

17. (a) Burial (b) Date thereof 10-8-49
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Latham

18. (a) Signature of funeral director Williams & Freidway
(b) Address California MO.

19. (a) 10-8-49 (b) Mrs. H. J. Sullivan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct day 1 year 1949 hour 10 minute 15 M.
21. I hereby certify that I attended the deceased from August 1 1948 to Oct 1 1949
that I last saw him alive on Oct 1 1948 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Generalized Arteriosclerosis
Duration 34 years 20 yrs.

Due to
Due to
Other conditions (include pregnancy within 3 months of death) 936

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) (e) Means of injury

23. Signature Kennyon Latham (M. D. or other)
Address California MO. Date signed 10-8-49

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

MOTHER, FATHER

RECEIVED
MISSOURI DEPARTMENT OF HEALTH
ST. LOUIS, MO.

35306