

FILED DEC 10 1943

Registration District No. **3006**

Primary Registration District No. **3006**

Registrar's No. **272**

1. PLACE OF DEATH:

(a) County **Boone**  
(b) City or town **Columbia**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
**111 Sanford Ave.**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **1** (Specify whether)  
In this community **86 Years** (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Boone** **10**  
(c) City or town **Columbia** **2**  
(If outside city or town limits, write "RURAL" **17**)  
(d) Street No. **111 Sanford Ave.**  
(If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country **0**

3. (a) PRINT FULL NAME **BENJAMIN FRANKLIN HALL**

3. (b) If veteran, name war **None** 3. (c) Social Security No. **None**

4. Sex **0** Male 5. Color or race **White**  
6. (a) Single, widowed, married, divorced **Married**  
6. (b) Name of husband or wife **Paulina Anne Hall**  
6. (c) Age of husband or wife if alive **8** years  
7. Birth date of deceased **12 - 8 - 1856**  
(Month) (Day) (Year)

8. AGE: Years **86** Months **11** Days **3** If less than one day hr. min.

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

10. Usual occupation **Retired Farmer**

MOTHER FATHER { 11. Industry or business

12. Name **Nathaniel George Hall**  
13. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)  
14. Maiden name **Nancy Belle Vanlandingham**  
15. Birthplace **Kentucky**  
(City, town, or county) (State or foreign country)

16. (a) Informant **Herschel Hall**  
(b) Address **Columbia, Mo.**

17. (a) **Burial** (b) Date thereof **11-11-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation **Locust Grove Cemetery**

18. (a) Signature of funeral director **Parker Funeral Service**  
(b) Address **Columbia, Mo.**

19. (a) **Nov 13 43** (b) **Edna H. Barber**  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **11**  
year **1943** hour **10:00** minute **P.** M.

21. I hereby certify that I attended the deceased from **10-4-43** to **11-11-43**  
that I last saw him alive on **11-11-43**  
and that death occurred on the date and hour stated above.

Immediate cause of death **organic heart disease**  
Duration

Due to

Due to

Other conditions **9502**  
(Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy **none**

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 **F. B. Williams** (M. D. or other)  
Address **Columbia, Mo.** Date signed **11-13-43**

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

**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

*M. W. Whitesides*

Licensed Embalmer No.

*3893*

P. O. Address

*Salisbury, 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.**