

FILED NOV 24 1943  
Registration District No. 128

Primary Registration District No. 5465

State File No. \_\_\_\_\_

Registrar's No. 90

1. PLACE OF DEATH:

(a) County Moore

(b) City or town Rural, N. Campbell Twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
County Farm, Route 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 days (Specify whether)

In this community years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moore <sup>39</sup>

(c) City or town Rural, N. Campbell Twp.  
(If outside city or town limits, write "RURAL")

(d) Street No. County Farm, Route 4  
(If rural, give location)

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

If yes, name country no

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 3  
year 1943 hour 6 minute 15 AM

I hereby certify that I attended the deceased from  
Oct 30 1943 to Nov 3 1943  
that I last saw him alive on Nov 2 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis, Chronic

Due to 938

Other conditions: Arteriosclerosis  
(Include pregnancy within 3 months of death) General

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME EUGENE J. HALL

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced single

6. (b) Name of husband or wife none 6. (c) Age of husband or wife if alive 44 years

7. Birth date of deceased July 20 1899  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>44</u>	<u>3</u>	<u>13</u>	hr. min.

9. Birthplace Cass Co Michigan  
(City, town, or county) (State or foreign country)

10. Usual occupation farmer

11. Industry or business farmer

MOTHER FATHER

12. Name Edw. M. Hall

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

14. Maiden name William J. Suggs

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

16. (a) Informant Mr. Butler  
(b) Address Co. farm

17. (a) Burial (b) Date thereof Nov 6 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hayward

18. (a) Signature of funeral director Wm C. Shum  
(b) Address Springfield, Mo.

19. (a) 11-4-43 (b) S. W. Hardsby  
(Date received local registrar) (Registrar's signature)

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)

23. Signature Amos P. Amos (M. D. or other) \_\_\_\_\_  
Address Springfield Mo. Date signed 11-3-43

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

APR 4 1947

**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.....

*Fred C. Thorne*

Licensed Embalmer No. *2899*

P. O. Address..... *Springfield, 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.**