S. No. 2
M—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAR 14 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 8459

Registration District No. 324 Primary Registration District No. 3072 Registrar's No. 42

97
1
2

1. PLACE OF DEATH:

(a) County Saline
(b) City or town Marshall, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 52I Nth. English /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 32 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 97

(a) State Missouri (b) County Saline
(c) City or town Marshall
(If outside city or town limits, write "RURAL") 2
(d) Street No. 52I North English
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Betty Hall

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Fred T. Hall
6. (c) Age of husband or wife if alive 83 years
7. Birth date of deceased Dec. (Month) 2I (Day) I87I (Year)

8. AGE: Years 72 Months I Days I6 If less than one day ..... hr. ..... min.

9. Birthplace Saline Co. (City, town, or county) Mo. 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business " "

FATHER
12. Name John M. Weathers
13. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

MOTHER
14. Maiden name Elizabeth Dickerson
15. Birthplace Unknown (City, town, or county) Unknown 9 (State or foreign country)

16. (a) Informant Fred T. Hall
(b) Address Marshall, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/9/44 (Month) (Day) (Year)
(c) Place: burial or cremation Ridge Park Cemetery
18. (a) Signature of funeral director J. Leslie Sunny
(b) Address Marshall Mo.
19. (a) 2-9-44 (Date received local registrar) (b) Mrs T. O. Weathers (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 7 year 44 hour 11 40 minute A M.
21. I hereby certify that I attended the deceased from Nov 1 1942 to Feb 7 1944 that I last saw her alive on Feb 7 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arterial Sclerosis	4 yr
Due to	
Due to	
Other condition Ch. Pul Tuberculosis (Include pregnancy within 3 months of death)	20 yr

Major findings:
Of operations —
Of autopsy —

13 P1

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? (Specify type of place)
While at work (e) Means of injury 0

23. Signature [signature] (M. D. or other)
Address Marshall Mo Date signed 2/8/44

1215

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number
Date Filed 3-13-44

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 J. Leslie Sussney

Licensed Embalmer No. 3235

P. O. Address Marshall, 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.