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

10712

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1944

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 43 Primary Registration District No. 4133 Registrar's No. 31

1. PLACE OF DEATH:

(a) County: Clay

(b) City or town: Kearney (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 (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DEACESED:

(a) State: Mo (b) County: Clay

(c) City or town: Kearney (If outside city or town limits, write "RURAL")

(d) Street No. (If rural, give location)

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

If yes, name country: 0

3. (a) PRINT FULL NAME: David Madison Hall

3. (b) If veteran, name war:

3. (c) Social Security No.: no

4. Sex: Male

5. Color or race: White

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

6. (b) Name of ~~husband~~ or wife: Lillie

6. (c) Age ~~of husband or~~ wife if alive: 68 years

7. Birth date of deceased: May (Month) 16 (Day) 1864 (Year)

8. AGE: Years 79 Months 10 Days 1 If less than one day hr. min.

9. Birthplace: Clay Co Mo (City, town, or county) 0 (State or foreign country)

10. Usual occupation: Farmer

11. Industry or business: ✓

MOTHER FATHER

12. Name: George T. Hall

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

14. Maiden name: Rebecca Courtney

15. Birthplace: Mo (City, town, or county) 0 (State or foreign country)

16. (a) Informant: Mrs. D. M. Hall

(b) Address: Kearney Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Mar 21-44 (Month) (Day) (Year)

(c) Place: burial or cremation: Fairview Cem.

18. (a) Signature of funeral director: Leonard Zu

(b) Address: Kearney

19. (a) 3-18-44 (Date received local registrar) (b) Helen Early (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3rd day 17th year 44 hour 5 minute 5 P. M.

21. I hereby certify that I attended the deceased from Jan 10 1944 to March 15 1944 that I last saw him alive on March 15 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cerebral Hemorrhage	
Due to: Hypertension	1 wk
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? (Specify type of place)

While at work?

(e) Means of injury:

23. Signature: [illegible] (M. D. or other) M.D.

Address: Liberty Mo Date signed 3/18/44

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 4-12-44

AUG 2 1951

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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Nebr

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.