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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 17766

FILED JUN 5 1944

Registration District No. 69 — Primary Registration District No. 6266 — Registrar's No. 69

1. PLACE OF DEATH:
(a) County: Christian
(b) City or town: Oldfield, Rural-Twp. 26
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Sparta
(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: Life

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Christian
(c) City or town: Oldfield Rural Twp 26
(If outside city or town limits, write "RURAL")
(d) Street No. ..... (If rural, give location)
(e) If foreign born, how long in U. S. A.? ..... years. 0

3. (a) PRINT FULL NAME: Marion Francis Hall
3. (b) If veteran, name war: ..... 3. (c) Social Security No. .....
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Lela M. Hall
6. (c) Age of husband or wife if alive: 42 years
7. Birth date of deceased: August (Month), 20 (Day) 1869 (Year)

8. AGE: Years 74 | Months 7 | Days 13 | If less than one day ..... hr. ..... min.

9. Birthplace: Chadwick Christian, Mo. (City, town, or county) (State or foreign country)
10. Usual occupation: Farmer
11. Industry or business: Blacksmith
FATHER
12. Name: Benjamin F. Hall
13. Birthplace: Oldfield, Mo (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Eliza Roberts
15. Birthplace: Chadwick, Mo. (City, town, or county) (State or foreign country)
16. (a) Informant: Lela M. Hall
(b) Address: Oldfield, Mo.
17. (a) Boston-near Oldfield (Burial, ~~cremation, or removal~~) (b) Date thereof: April 3 '44 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~: Boston Cemetery
18. (a) Signature of funeral director: John Harris,
(b) Address: Chadwick, Mo.
19. (a) Apr 3 1944 (Date received local registrar) (b) Mrs. M. Johnson (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr, day 2nd, year 1944, hour 10, minute 55 P.M.
21. I hereby certify that I attended the deceased from March-21, 1944, to Apr.-2-, 1944; that I last saw him alive on Mar.-31-, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis — Duration
Due to: Rheumatic Heart
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: Warren Wilson (M. D. or other) #4460
Address: Sparta, Mo. Date signed 6-2-44

NV 0

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.