

THE STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

18339

State File No.

FILED JUN 12 1944

Primary Registration District No. 5579

Registrar's No. 14

1. PLACE OF DEATH:

(a) County Jasper
(b) City or town Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Jasper Co TB Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 months
(Specify whether
In this community years, months or days)

3. (a) PRINT
FULL NAME

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

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widowed
6. (b) Name of husband or wife Charles Thomas Hall 6. (c) Age of husband or wife if alive --- years
7. Birth date of deceased nov 29 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 5 5 hr. min.

9. Birthplace Jayette Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation at home

11. Industry or business

12. Name Fremont Hendrix

13. Birthplace Jayette mo.
(City, town, or county) (State or foreign country)

14. Maiden name Mary Elizabeth Himes

15. Birthplace New Oxford Penn
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Miriam Hansford

(b) Address 600 S. Harrison - Carthage

17. (a) Burial (b) Date thereof May 5, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Park Cemetery

18. (a) Signature of funeral director Kneel Mortuary

(b) Address Carthage Mo

19. (a) May 5, 1944 (b) Mrs Lillie Layle
(Data required local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper
(c) City or town Carthage
(If outside city or town limits, write "RURAL")
(d) Street No. 600 Garrison
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 11
year 1944 hour 12 minute 40 M.

21. I hereby certify that I attended the deceased from Dec 3 43 to May 4 44
that I last saw her alive on May 4 44
and that death occurred on the date and hour stated above.

Immediate cause of death

Pulmonary Tuberculosis

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

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 John E. Dargatzis (M. D. or other)

Address 1111 1/2 E. 7th St. Mo Date signed 5/11/44

44-5-466

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.....

Emmal R. Snell

Licensed Embalmer No.....

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P. O. Address.....

Carthage

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.