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7-39
DX37823

Registration District No. FILED JUL 4 1944

Primary Registration District No. 1002

Registrar's No. 2750

1. PLACE OF DEATH:

(a) County Jackson
(b) City or town Keosauqua
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Home 4011-E 19th St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 45 years 1 (Specify whether)
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jackson
(c) City or town Keosauqua
(If outside city or town limits, write "RURAL")
(d) Street No. 4011-E 19th St
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARY ANN HALL

3. (b) If veteran: no name war: no
3. (c) Social Security No. unknown

4. Sex Female 5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife John F. Hall
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased: Mar 9-1876
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 29th
year 1944 hour 3:50 minute PM M.
21. I hereby certify that I attended the deceased from 6/29/44
on death _____, 19____;
that I last saw him alive on 6/29/44, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death
cerebral thrombosis
Due to Hypertension
(scurvy)
Due to _____

Duration

Other conditions _____
(Include pregnancy within 3 months of death)
Major findings:
Of operations 830
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 Debra A. Williams (M. D. or)
Address 806 Prof. Bldg Date signed 7/29/44

8. AGE: Years Months Days If less than one day
68 3 20 hr. _____ min.

9. Birthplace Freeman Mo
(City, town, or county) (State or foreign country)

10. Usual occupation H. wife

11. Industry or business _____

MOTHER FATHER
12. Name Edwin R. Dunn
13. Birthplace Virginia (State or foreign country)
14. Maiden name Ella James
15. Birthplace unknown (State or foreign country)

16. (a) Informant Mr. John F. Hall
(b) Address 4011 E 19th St

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 1-1944
(Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn

18. (a) Signature of funeral director Mrs. C. L. Foster
(b) Address N. E. Missouri

19. (a) 7-1-44 (Date received local registrar) (b) N. E. Brown (Registrar's signature)

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

Mr. Nelson A. Williams
Prof. Betty
~~W. K. Jackson~~
4838

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 W. K. Jackson

Licensed Embalmer No. 3954

P. O. Address K.C. 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.