

FILED JUL 13 1944
Registration District No. 155

Primary Registration District No. 3127

State File No. _____
Registrar's No. 48

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Webb City
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
518 N. Liberty
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 years
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper 49
(c) City or town Webb City 6
(If outside city or town limits, write "RURAL.") 2
(d) Street No. 518 North Liberty
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Robert Hall
3. (b) If veteran, name war No
3. (c) Social Security No.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month June day 3
year 1944 hour 11:30 minute A. M.

4. Sex Male 5. Color or race C. 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Helen Hall 6. (c) Age of husband or wife if alive years
7. Birth date of deceased February 16 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from June 3 to June 3 1944
that I last saw him alive on June 3 1944
and that death occurred on the date and hour stated above.

8. AGE:	Years	Months	Days	If less than one day
	62	3	17	hr. min.

Immediate cause of death: Cerebral Hemorrhage
Due to _____
Due to f3a!
Other conditions: (Include pregnancy within 3 months of death)
Major findings:
Of operations _____
Of autopsy _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Tenn. (City, town, or county) (State or foreign country)
10. Usual occupation Common Laborer

11. Industry or business _____
12. Name Unkown
13. Birthplace (City, town, or county) (State or foreign country)
14. Maiden name Unkown
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Widow Helen Hall
(b) Address Webb City, Missouri
17. (a) Burial or cremation: Cerebral Hemorrhage
(b) Date thereof 6-7-44
(Month) (Day) (Year)
(c) Place: burial or cremation: Cerebral Hemorrhage

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?

18. (a) Signature of funeral director Hodge Nelson
(b) Address 1144 Pittsburg
19. (a) June 7, 1944 (b) Mrs. Lillie Lagle
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature _____ (M. or other)
Address _____ Date signed 6/6/44

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

49
26

44-6548

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. H. Hedge*
Licensed Embalmer No..... *9859*
P. O. Address..... *St. Louis, 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.