

S. No. 2
M-2-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27537

FILED SEP 6 1944

Registrar's No. 32-27

Registration District No. 14

Primary Registration District No. 4136

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

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1. PLACE OF DEATH

(a) County Clinton
(b) City or town Plattsburg
(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)
In this community 30 yrs. years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Clinton
(c) City or town Plattsburg
(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 _____

3. (a) PRINT FULL NAME Charles Oscar Hall

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or Race W 6. (a) Single, widowed, married 2 divorced, widowed
6. (b) Name of husband or wife Addie J. Hall 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 28 1869 (Month) (Day) (Year)

8. AGE: Years 75 Months 0 Days ? If less than one day hr. _____ min. _____

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

10. Usual occupation Farming

11. Industry or business _____

MOTHER FATHER { 12. Name George F. Hall
13. Birthplace Clay Co. Mo (City, town, or county) (State or foreign country)
14. Maiden name Ellen Orelia Frank
15. Birthplace Ohio (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Donald Breckenridge
(b) Address Plattsburg
17. (a) Burial (b) Date thereof 8-7-44 (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Pleasant Hill

18. (a) Signature of funeral director Wagon Funeral Home
(b) Address Plattsburg, Mo
19. (a) 8-30-44 (b) Thomas E. Harbel (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug 5 day _____ year _____ hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 20 to Aug 5 1944 that I last saw him alive on June 20 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Liver Duration 3 Mo
Due to Carcinoma Prostate 6 Mo

Due to _____
Other conditions _____ (Include pregnancy within 3 months of death)
Major findings: Of operations None Of autopsy None

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. B. Spalding (M. D. or other) Address Plattsburg Mo Date Aug 7 44

1085 (Licensed Embalmer's Statement on Reverse Side)

DEC 20 1944

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 F. G. Lyon

Licensed Embalmer No. 952

P. O. Address Stewartville, Md

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.