

**FILED AUG 18 1944**

Registration District No. **266**

Primary Registration District No. **5898**

Registrar's No. ....

**1. PLACE OF DEATH:**

(a) County **Ozark**  
(b) **Rural** (If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution **near Dara**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **Life time** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **John. Chas Hall**

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

4. Sex **m** 5. Color or race **W** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **Rechel ann** 6. (c) Age of husband or wife if alive **71** years

7. Birth date of deceased **Jan 15 1862** (Month) (Day) (Year)

8. AGE: Years **82** Months **5** Days **8** If less than one day hr. min.

9. Birthplace **unknown** (City, town, or county) **Ind 1** (State or foreign country)

10. Usual occupation **farmer**

11. Industry or business

12. Name **John W. Hall**

13. Birthplace **unknown** (City, town, or county) **Ind 1** (State or foreign country)

14. Maiden name **Eriskel Halmon**

15. Birthplace **unknown** (City, town, or county) **Ind** (State or foreign country)

16. (a) Informant **Mrs Dessie Cobb**

(b) Address **Dara mo**

17. (a) **Burial** (b) Date thereof **6-24-44** (Month) (Day) (Year)

(c) Place: burial or cremation **Ball Cemetery**

18. (a) Signature of funeral director **McClure**

(b) Address **Wainwright mo**

19. (a) **6-28-1944** (b) **O. S. Claybrook** (Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Ozark**  
(c) City or town **Burial** (If outside city or town limits, write "RURAL")  
(d) Street No. **Dara mo** (If rural, give location)  
(e) Citizen of foreign country? **no** (Yes or No)  
If yes, name country **none**

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month **June** day **23** year **1944** hour **7.30** minute **P** M.

21. I hereby certify that I attended the deceased from **June 1** 1944 to **June 23** 1944 that I last saw him alive on **June 20** 1944 and that death occurred on the date and hour stated above.

Immediate cause of death **Myocardial infarction** Duration **1 yr**

Due to **92**

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) (e) Means of injury

23. Signature **CA Beach** (M. D. or other) **MD**

Address **Elijah mo** Date signed **6-27-44**

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

RECEIVED  
District Health Officer No 6  
District File Number 844-929  
Date Filed AUG 16 1944

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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 with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.