

S. No. 2
-8-43
5-17-39
X37823

DEPARTMENT OF COMMERCE

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28881
Registrar's No. 157

FILED SEP 19 1944

Registration District No. 324

Primary Registration District No. 3072

1. PLACE OF DEATH:
(a) County Saline
(b) City or town Marshall
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
423 East North /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community All his life years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Saline 97
(c) City or town Marshall (If outside city or town limits, write "RURAL") 2
(d) Street No. 423 East North (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Matthew Walton Hall
3. (b) If veteran, name war _____ 3. (c) Social Security No. None

20. DATE OF DEATH: Month Aug day 31 year 1944 hour 10 minute _____ M.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Minnie Carroll Hall 6. (c) Age of husband or wife if alive _____ years

21. I hereby certify that I attended the deceased from _____ 1944 to Aug 31 1944 that I last saw him alive on Aug 31 and that death occurred on the date and hour stated above.

7. Birth date of deceased August 16th 1853
(Month) (Day) (Year)

Immediate cause of death arteriosclerosis Duration 69y

8. AGE: Years 91 Months 0 Days 15 If less than one day hr. _____ min.

Due to _____
Due to _____

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

Other conditions Impure tooth
(Include pregnancy within 5 months of death)

10. Usual occupation Retired farmer & stockman

Major findings bleed Of operations _____ Of autopsy _____

11. Industry or business _____

12. Name Matthew Walton Hall

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

14. Maiden name Agnes Lester

15. Birthplace Virginia
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Lois Hunter

(b) Address 423 East North St. Marshall, Mo.

17. (a) Burial (b) Date thereof Sept. 2, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Ridge Park cemetery

18. (a) Signature of funeral director Charles Lewis
(b) Address Marshall, Mo.

19. (a) Sept 1-44 (b) Mrs. Lois Hunter
(Date received local registrar) (Registrar's signature)

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 Matthew Walton Hall (M. D. of other) _____
Address _____ Date signed 11/15/44

1215 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

9-12-47

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

R. W. Campbell Jr.

Licensed Embalmer No. 3469

P. O. Address *Marshall, 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.