

FILED SEP 13 1944
Registration District No. 272

Primary Registration District No. 4480

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

1. PLACE OF DEATH

(a) County Schuylers

(b) City or town Greentop
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution Van Osdel Clinic
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 1/2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Albert Hall

3. (b) If veteran. name war

3. (c) Social Security No.

4. Sex Male 5. Color or face White

6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife

6. (c) Age of husband or wife if alive 26 years (Day) (Year)

7. Birth date of deceased: 12 26 1866
(Month) (Day) (Year)

8. AGE: Years 77 Months 7 Days 20 hr. min.

9. Birthplace Milton Iowa
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

12. Name Joe H. Hall

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

14. Maiden name Mary Klein

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

16. (a) Informant Dr. Van Osdel

(b) Address Greentop

17. (a) Burial (b) Date thereof 9-17-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Milton Cemetery

18. (a) Signature of funeral director A. O. Denton

(b) Address Lancaster Mo.

19. (a) Aug 17 1944 (b) Al. Justice
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Schuylers

(c) City or town Rural
(If outside city or town limits, write "RURAL")

(d) Street No. Green City, Mo.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16 day August
year 1944 hour 2 minute 10 A.M.

21. I hereby certify that I attended the deceased from July 1, 1944, to Aug 16, 1944, that I last saw him alive on Aug 16, 1944, and that death occurred on the date and hour stated above.

Immediate cause of death Hypertensive Pneumonia

Due to

Due to

Other conditions (include pregnancy within 3 months of death)

Major findings: Of operations 10911

Of autopsy

Duration

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 Al. Justice (M. D. or other) Dr.

Address Greentop Mo Date signed 8-18-44

RECEIVED

District Health Officer No. 10

District File Number 9-44-1589

Date Filed SEP. 12 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

J. O. Fenton

, Registered Apprentice No. 3705

working under my personal supervision.

Signed

J. O. Fenton

Licensed Embalmer No. 3705

P. O. Address Lancaster, Pa.

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.