

FILED OCT 13 1944

Registration District No. 156 Primary Registration District No. 2001

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

1. PLACE OF DEATH:
(a) County Jasper
(b) City or town Joplin
(c) Name of hospital or institution: St. Joseph's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether life)
In this community _____ years, months or days

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

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife Dorothy
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased October 6 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 11 Days 20
If less than one day _____ hr. _____ min.

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

10. Usual occupation Produce Dealer

11. Industry or business _____
12. Name Hussey Hall
13. Birthplace Joplin Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Minna M. Hawes
15. Birthplace Kansas
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Harry Shoemaker
(b) Address Joplin
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept 29 1944
(Month) (Day) (Year)

(c) Place: burial or cremation Joplin
18. (a) Signature of funeral director W. C. Crayford
(b) Address W. C. Crayford
19. (a) 9-28-44 (Date received local registrar) (b) Arthur D. Schaller (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jasper
(c) City or town Joplin 49
(If outside city or town limits, write "RURAL")
(d) Street No. 2002 1/2 Main 4
(If rural, give location) 5
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____ 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept day 26
year 1944 hour 17:30 minute 0 M.

21. I hereby certify that I attended the deceased from July 24 1944 to Sept 26 1944
that I last saw him alive on Sept 26 1944
and that death occurred on the date and hour stated above.

Immediate cause of death: Pulmonary hemorrhage
Due to Bronchiectasis several
years
Due to cause undetermined

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

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) Means of injury 0
23. Signature J. P. Laney (M. D. or other) 1068
Address Joplin, Mo Date signed 9-28-44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1204

44-10-815

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 myself

....., Registered Apprentice No.....
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, 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.